

DOROTHY

FOR

REGISTRAR

DECEASED NAME

- STATE

1918 NORTHBOURNE ROAD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 5. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SJGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN ASPECIEVE BALTIMORE CITY MARYLAND 03-09-85 MT. OLIVET BURIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21229 DHMH - 16 50M 4/83 my murason- gandelle HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ADAMS

REG. NO

MONTH

2b. HOUR

HOUR5

12b. KIND OF BUSINESS OR

BECKHUSNE

DEPT. STORE

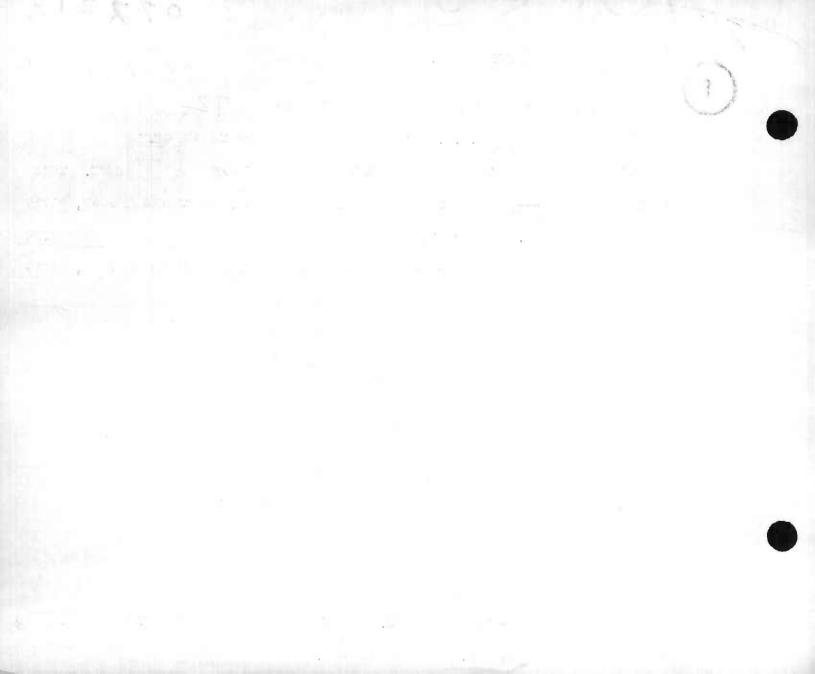
IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

DAYS

2a. DATE OF DEATH



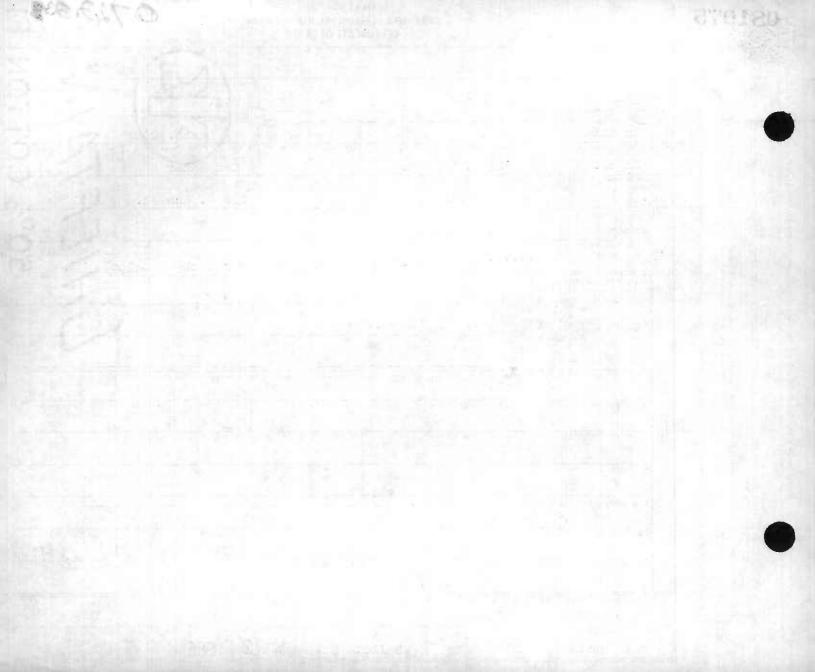
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGRA

		REGISTRAR				CERTIFI	CATE OF D	EATH	REG.	NO			
		CEASED NAME E OR PRINT)	FIRST TLLTAI		H.	Δr)AMS	30.0	2a. DATE OF DEATH		DAY •	YEAR 85	26 HOUR
	3 SE:			4. RACE	11.	5 DATE O			6 AGE (IN YEARS LAST			ER I YEAR	IF UNDER 24 HRS
		Male		Wh	ite	MONTH	24	13	72	YRS.	MONTHS	DAYS	HOURS MIN.
3	7a. BI	RTHPLACE (STATE OR COUNTRY) Virginia	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWEI	□ NEVER A		9 BALTIMORE CITY			EATH	MD
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5	13a S Mc		13b COUN		Balto.		13d INSIDE C	NO [13e. STREET ADDRES 422 S. A			212	31
É	14 FA	Joseph		WIDDLE	Emmit			MAIDEN NA/	WE		Por	wers	ग
	()	VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	235-09-		Ms.		Beverstock		lto	. Me	shington
		18. CAUSE OF DEAT PART I. DEATH W	VAS CAUSE	lly ane couse per l D BY. E CAUSE (a)	line far (a), (b), and	d (c).)	Cu	dopyla	2. Arres			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
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		220.1 certify that (I) (this haspital) attended to deceased from											
		224. PHYSICIAN'S N.	AME (TYPE O	M. Gn	emper		22e ADDRESS	S	J/	H.		. 1	
	(BURIAL, CREMATION, (SPECIFY) Remove		3/6/8		AME OF CE	METERY OR C		234 LOCATION CITY OR TOWN		COUN		STATE
	24 FL	JNERAL DIRECTOR NAME Anato	omy Bo	pard	ADDRESS	Balto	., Md.	MAF	R2 1 1985		David		andell.

DHMH - 16 50M 1/81 (VRA 15, 4)



091146	1-	lm G603 item 6 FOR/6/85 rja REGISTRAR			AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		7 2	2 3
OC LL 19		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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Act and	3. SE:	Male	4. RACE	Black	S DATE C		6 AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	IF UNDER 24 HRS
36	1	RTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY)		what COUNTRY?	8 MARRIE WIDOWE	DIVORCED	9. BALTIMORE CITY O	5		MD
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filled in loould be f	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO laryland	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimo	N	YES 📉 NO 🗌	Baltimore	ZIP CODE	3240 Ti	ioga Pkwy 21216
and 2 st	14 F/	Herbert	WIDDLE	Addisc		15. MOTHER'S MAIDEN NA FIRST Mary	AIDDIE			lch
oe execut on and co		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	213-12-3		Mrs. Betty A	324 Addison Bal	0 Tio	ga Parl	21216
physicic physicic moval: event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY: ATE CAUSE (o)		undiac	shock.				ONSET AND DEATH
is that the death ce ed by the attending please remave carb irial, cremation, or or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(c)	Adimied	ence of C-V		Pacemaker		M .	m
n sign Then t to bu	NO O	Hispertens		- A	_	ardio - varin			EN IN PART II	0
he low roon. hos bee the permit. the permit.	CERTIFICATION	3.10.85	19b COND	ITION FOR WHICH	OPERATIO	on No relates	200 AUTOPSY?	IN CERTIF		
SICIAN: The ng physicial certificate harial-transit liter 18 should be not a supplemental by the number of the num	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED LIMER NATURE OF INJU	RY IN ITEM 18 P	PART TOR PART 2)	
NG PHY offendi	MED	21d. INJURY OCCURRED WHILE NOTWAILE AT WORK	?1e. PLACE {AT HOME ST	OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDI ospital or ECTOR. A differ use it, of Heal m 21 is m		27a I certify that (I) (this ho saw the deceased alive above, (I) (we) (wid) (did	on3~	16. 198	, 01	nd that in (my) (our) opinion	, to <u>3 - 17</u> death occurred on the d		ond from the	
by the h ERAL DIRI edetoche Store Dep		22b. SIGNATURE	the Al	iagin		477510000	MEDICAL STA	FF IAN 🗌		22.1981
O HOSPITA etained by TO FUNER should be d with the Sto		DR. Mullu	U. ATI	AGUN		3502 W.	Rogers A	e. B	halt M	8. 2121
	23a. l	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	20	Burial				Memorial Par				Maryland
DHMH - 16 50M 4/83	24 14	WETERESTOSONS	2501 G	wynns Fal	IS Pa	arkway 120 DAI	TE REC'D. BY REGISTRAR	ZSB. REGIST	KOR SORINA	Markon

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Fineral Home, Inc. Chalteness, Maryland 20216 | MARSE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

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1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
	ECEASED NAME PE OR PRINT)	FIRST		J. ADEL	SBER	GER	March 5		85	5:13p
3. S		4	RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		July	y 20°, 1979°	5	YRS		
70. E	SIRTHPLACE (STATE OR FO	reign 76	U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED X	BALTIMORE CIT	_	ITY TTY	MD.
25%	CITY OR TOWN OF DEAT BALTIMORE	1	LIE NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET OHNS HOP	ADDRESS)	HOSPITAL	126 USUAL OCCUP			OF BUSINESS OR
	Maryland	Fred	Υ	13c CITY OR TOW Emmitsb	N	13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	130 STREET ADDRE	ss / zip co Seton	Ave.	3172
14. F	George	Kenr	neth A	delsberg		15. MOTHER'S MAIDEN NA Linda	MIDDE		Seide	
16a	WAS DECEASED EVER IT		ED FORCES? VAR OR DATES)	166 SOCIAL SECU 215-98-7		G. Kenneth A	EmM delsberger	143 143		Ave.
No.	18 CAUSE OF DEATH PART I. DEATH WA		BY:	line lor 10), (b), on	J	DAAL.			APPROX BETWEEN Z	ONSET AND DEATH
	Conditions, if any,		DUE TO, O	RAS A CONSEQUE	NCE OF	induced	ANOTIA	\	2	DAYS
	couse (a), stating underlying couse	the lost.	DUE TO, O	BRAIN	NCE OF	mon				
Z		- 71			DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 1	0,
CERTIFICATION	19a DATE OF OPERATE		196 COND		OPERATIO	N WAS PERFORMED	YES NO	IN CER	YES, WERE FINDI	
	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART (OR PART 2)	,
MEDICAL	21d. INJURY OCCURRE	ED	21e. PLACE		ARM, ETC)	211 LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
	220.1 certify that (1) (sow the deceased above, (1) (we) (di	d olive on_	MARCH	5 19	95,01	nd that in (my) (our) apinion	to MARCE	e date and h		that (I) (we) lost couses stated
	226. SIGNATURE	In	0		1	DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE	/

MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY New St. Joseph's

22e ADDRESS

Emmitsburg

Frederick MDTE.

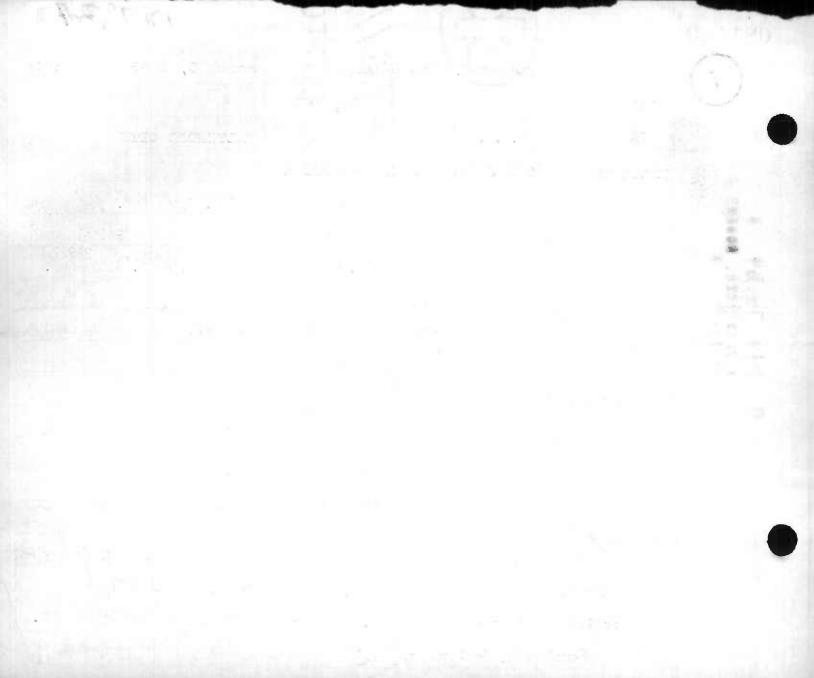
HOSPITAL

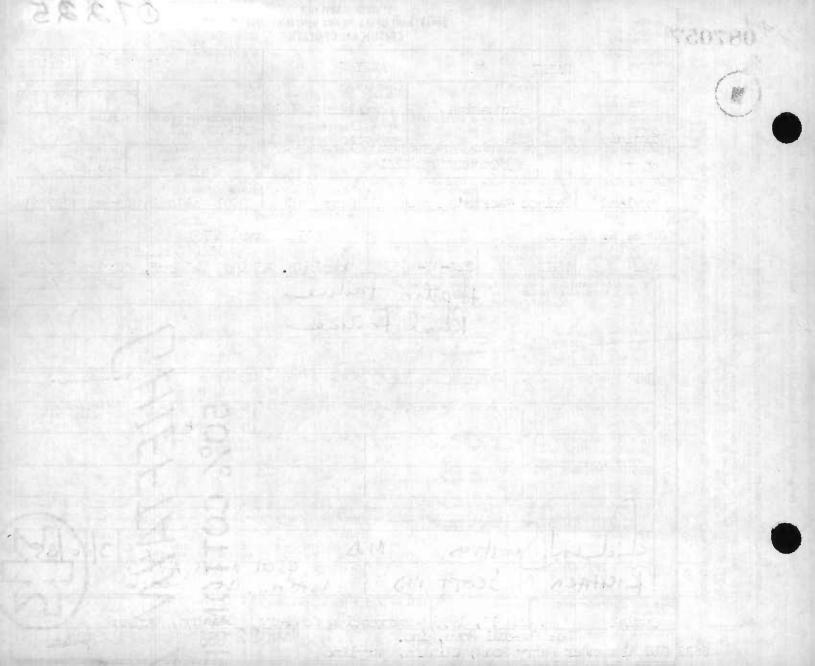
Burial 24 FUNERAL DIRECTOR

Skiles Funeral Home, Emmitsburg, MD 21727

8 March 85

250 DATE REC'D BY REGISTRARISH REGISTRAR'S MENATURE



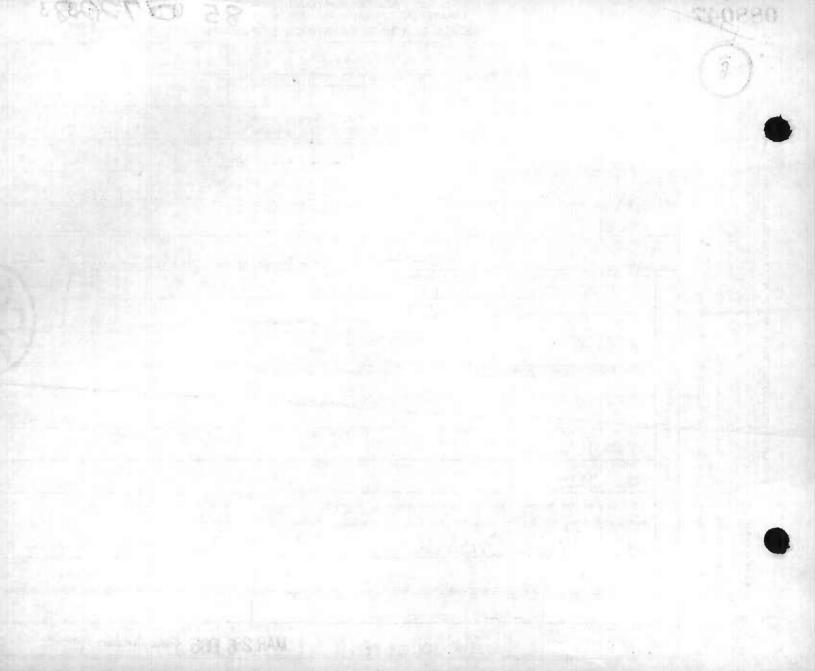


STATE OF MARYLAND

1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	85 07 227
		MIDDLE H.	Alford	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 3 14 85
		Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
		76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWER DIVORCED	Baltimore City,
		HE NOT IN SHICH EACH ITY GIVE STREET	ADDRESS)	120 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Balto	E ADMISSION) /N 13d. INSIDE CITY LIMITS? YES X NO \(\)	13e STREET ADDRESS / ZIP CODE 21223 2112 W. Fairmount Avenu
4. FA	THER'S NAME Willis	MIDDLE Hart	15 MOTHER'S MAIDEN NA Belle	ME Hart
U.	(AS DECEASED EVER IN U.S. AFES, NO OR UNKNOWN) (IF YES, GEORGE)	VE WAR OR DATEST		ADDRESS Shird 2112 W Fairmount Av
TIFICATION	$\overline{}$			200 AUTOPSY? 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
CAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. P.M. P.M.	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
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	sour the deceased alive or bole, (I) (provide) (did no		DEGREE	death accurred on the date and hour and from the covers stated. 12c DATE SIGNED
	say the deceased alive or	New for the second section of	DEGREE	
3	CERTIFICATION OF THE CATION OF THE	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va. 10. CITY OR TOWN OF DEATH Balto. USUAL RESIDENCE (IF NURSING HOME OR TOWN OF DEATH Balto. USUAL RESIDENCE (IF NURSING HOME OR TOWN OF DEATH Balto. USUAL RESIDENCE (IF NURSING HOME OR TOWN OF DEATH Balto. USUAL RESIDENCE (IF NURSING HOME OR TOWN OF DEATH WILLIAM ISO STATE WILLIAM VIANTAL OF DEATH (IF YES, GI UNKNOWN) II. CAUSE OF DEATH (IF YES, GI UNKNOWN) III. CAUSE OF OPERATION III. CACCIDENT WAS UNDERLYING [IF YES, GI UNCONTRIBULITING CAUSE OF DEATH OR CONTRIBULITING CAUSE OF DEATH OR CONTRIBULIT	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) TOlia H. 3. SEX Female Black 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va. 10. CITY OR TOWN OF DEATH STATE OR FOREIGN (F MOT INSIDE FACILITY, GIVE STREET 2112 W. Fail 136. COUNTY Balto. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFOR 136. STATE Md. 11. NAME FACILITY, GIVE STREET 2112 W. Fail 136. COUNTY Balto (AST INTERPRINTED FOR INTURY HOUR A.M. MONTH D. 11. PLACE OF INJURY OCCURRED TO PART INTURY HOUR A.M. MONTH D. 210. ACCIDENT WAS UNDERLYING FOR INTURY HOUR A.M. MONTH D. 210. ACCIDENT WAS UNDERLYING FOR INTURY HOUR A.M. MONTH D. 210. ACCIDENT WAS UNDERLYING FOR INTURY HOUR A.M. MONTH D. 210. ACCIDENT WAS UNDERLYING FOR INTURY HOUR A.M. MONTH D. 211. INJURY OCCURRED TO PART THE PRINT FOR INTURY HOUR A.M. MONTH D. 212. INJURY OCCURRED TO PART THE PRINT FOR INTURY HOUR A.M. MONTH D. 213. INJURY OCCURRED TO PART THE PART TO PART TO PART THE PART TO PA	REGISTRAR DECEASED NAME (ITYPE OR PRINCI) TO LIA H. Alford 3. SEX FEMALE Black S. DATE OF BIRTH Black S. DATE OF BIRTH BLACK FEMALE Black J. DATE OF BIRTH J. DATE OF BI



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RECORDS,	A PESSE		z	PART 2 OTHER SIG	NIFICAN	T CONDITIONS O	CONTRIBUTIN	G TO DEATH B	UT NOT REL	ATEO TO THE TE	RMINAL DISE	ISE OR CONOIT	TION GIVEN IN PA	ART 1 to .						
REC	MEDIN MEDIN	5	CERTIFICATION	19a, DATE OF	OPERA	TION	10	L CONDIT	ION FOR	WHICH OP	FRATION	WAS PERF	DRMED?	-				20	AUTOPSY	2
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DIVISION OF VITAL	A HOUSE	3		UNDERLYING CONTRIBUTION		OR CALLES OF F			MONTH	DAY YE	AR			()						
Sio	SHO TO	2	MEDICAL	21d. INJURY C			21	P.M.			21f L	OCATION								
2	REDIE DIE		W	WHILE AT WORK	NOT	WHILE [STREET, FACTO	ORY, FARM, E	TC.)		STREET			CITY OR TO	NWO		COUNTY		STATE
	ANNER: THIS CERTIFICATE SHE FICATE, WRITING THE WORD BE FORWARDED TO THE CHI CTOR: PAGE 3 SHOULD BE U H THE STATE DEPARTMENT OF 11 AND 21 20 IN PRICE OF RISE	1					f.,1		-	4					-					
	CERTIFICATION BE FOR DIRECTOR: WITH THE					took chorge	e at the re				Auto	7	Inspectio		Inquiry	ALA .	ond in my	opinion		
-	CERTIFICATION OF BE DIRECTORY WITH			death resulte	d from	Notur	ol couses		Accident	L., :	ouicide _		nicide	Undete	rmined m	onner _	١.			
	A SOUTH A	2		ACTUAL	,	Unine	Te	the	Inel	l			(SPECIFY)				DAT		3/20	/05
	SHO SHO SHO SEATH	3		SIGNATURE_		wy	1	W				M.D. <u>ASS</u>	ISLAIII	MEDI	CAL EXA	MINER	SIGI	NED	3/20	7.03
	MEDIA CUTE SE 4 S FUNE	4		EXAMINER'S I	AAME	N	/larga	rita	A. K	orell	,M.D.	_ADDRESS	1111	Penn S	Stree	et,Ba	lto,M	ID 21	201	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST RATIMORE MADYJAND 3	5	23a. B	JRIAL, CREMAT	ION,R					NAME OF C				23d. LO	CATION			OUNTY		TATE
07/84	BP		F	BURIAL			3-23	3-85	MA	RYLANI	NAT	TONAT	MEM		URFI				YLAN	
25M	DHMH - 17		24. FU	JNERAL DIREC				ADDRESS					250. DATE	REC'D. BY	REGISTRA		GISTRAR'S	SIGNA	TURE	
	(VR A15 ME (5)))	F	E.L. PH	ILL	IPS			N. M	ONROE	ST		MAI	126	1985	groha	· David	80N-N	anaces	



MAR 2 9 1985 Gulia Davidson Randalle

Funeral Home, Inc. Baltimore, Maryland 21216

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGLE:

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DIVISION OF VITAL RECORDS.

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death certificate

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retained by the hospital or attending physician

BP.

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

97.23

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

la Savidson-Randalle

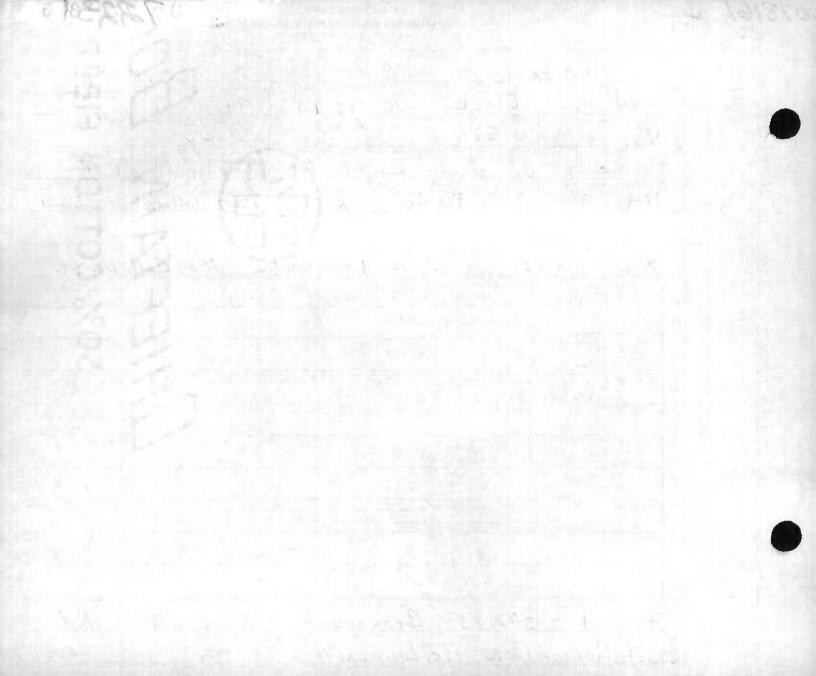
	REGISTRAR		CERTIFICATE O	F DEATH	REG. NO			
1	I. DECEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR 26	HOUR
١	WAH	en M.	Allen			3 18 3	85	540Am
1	1.SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	M	black	10 17	90	94	YRS	DA15 H	OURS MIN.
	JE BIRTHPLACE LATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEV	ER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH	TYN HIS
	Va.	U.S.A.	WIDOWED	DIVORCED [City			MD.
3	Ba to	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	HOSO +	NSTITUTION 7	120 USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSTRY	USINESS OR
'n	USUAL RESIDENCE (IF NURSING HOME O			E CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE (21403	
2	Md.	159	TO YES X	NO 🗆	1027 CAH	Ledra S	+. 2	1201
-	14. FATHER'S NAME FIRST	MIDDLE LAST	15 MOTH	ER'S MAIDEN NAM	WIDDLE		LAST	
4	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFO	RMANT	ADDRE:	SS		
		IVE WAR OR DATES)		ra Harde	e 1027	Cather	Iral s	T.
	PART I. DEATH WAS CAUSE	nly one cause per line for 101, (b). ED BY. (TE CAUSE (a) 18 SOU (1)	fory on	of			APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
1	IMMEDIA	4	W V J	-21		10 17 11 11		
1	Canditions, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF			123		
ı	gave rise to immediate cause (a), stating the	16) 30 45 4 50 456	4			2.77		
1	underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF			100		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN	PARI IIa	
	2 suld	usal himato	mas					
ī	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a AUTOPSY?	20b. IF YES, WER		
	Ĭ				YES NO	IN CERTIFYING (DEATH?
1	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOV	V INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
1	OR CONTRIBUTING CAUSE OF DE	AIR	19					
1	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY	211 LOC	ATION	CITY OR TOW	A) 60	IUNTY	STATE
1	WHILE NOT WHILE AT WORK	TAL HOME STREET FACTORY OFFIC	E. FARM EIC)	NEE 1				STATE
1		ital) attended the deceased from		19	, to	19		t (1) (we) lost
		of view the body after death.		my) (aur) apinian de	eath accurred on the do	te and haur and f	rom the cou	ses stated
	226 SIGNATURE AN	mos Dobum	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	_/	a. DATE SIG	INED XS
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADD	RESS			1	1
	MARIE AMO.	5 DOBINS	301	St. Paul	l Place			L. L.
	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	- // COUN	TV	1 STATE
	+Syria!	13-22-85	Crounsu	11/12	Crowisi	ille	M	d.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and compli-should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows ony



_03	91068	1-	FOR STATE REGISTRAR				ERTIFICATE O	EDEATH	G. NO.	in an w	
) (3-8-2		CEASED NAME FIRST E OR PRINT)	ICTOR R	ALPH	ALT	LAST	20. DATE KNOW OF ESTI- DEATH MATE	2 7:7		26 HOUR
	DIRECTO DURECTO DAY FEU TO STREET	3. SE)	ale White	S DATE OF BIRTH			DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	3-17	7-85	7:21F
•	MUNERAL UNERAL S FOR Y REMEMBER	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE		WIDOW		_ D _ 1 L		Y OF DEATH	MD
	PACE PACE		Baltimore		PITAL NURSING HOM		ER INSTITUTION	FOR MOST OF WORKING LIFE Brick Laye	r & Car	OR INDUST Penter	JSINESS
21201	AND 3	Illa S	RESIDENCE (IF IN NURSING HON TATE aryland Bal	INTY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	6905 Reiste	ertown F	2124 Rd	5
SRE, MD	TO THE STATE OF	1	THER'S NAME Victor	Čľýde	'A ^s lt		15. MOTHER'S MAIDE	WIDDLE		Alt	
PALTIMO	S AFTER GIVE PA TH FOR PACES VISION	l (g. V	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, G Yes	RMED FORCES?	233-44-74		Beverly E		RESSPETER Box 4		1va 26847
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 HOURS AT WRITING THE WORD" PENDING" IN PERCIL IN THE MEDICAL EXAMINER ALOING WARDED TO THE CHIEF MEDICAL EXAMINER ALOING WARDED TO THE CHIEF AREDICAL EXAMINER ALOING PAGE 3 SHOULD BE USED AS A BURIAL. "RANSIT FEW HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE TO STRON TO BURIAL, CREMATION, OR REMOVAL	7	IN CAUSE OF DEATH (Enter PART I DEATH WAS CAUSED IMMED Conditions, if ony, whis gover ise to immedia couse (a) stoting the undiffuse lying cause lost.	SED BY: (ATE CAUSE (o) C DUE TO, OR (b) (b)	for (o), (b), ond (c),) hest injuri AS A CONSEQUENCE AS A CONSEQUENCE	OF				APPROXIMAT BETWEEN ONSE	
RECORDS	D BE EXECTED WE BE BUT A BUT A BUT A BUT A BUT A A BUT A A BUT A AN A BUT A B	TION	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERM			T 1 (g)			
- VITAL	WORD "F E CHIEF BE USED NT OF H	CERTIFICATION	210 EXTERNAL CAUSE WAS	216 TIME OF) LENTER NATURE OF INJURY IN ITE	EM IS DART 1 OR DAR	20 AUTOPSY YES X	NO 🗆
SION OI	RTIFICAT NG THE V SHOULD SHOULD PARTME RIOR TO	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH 6 40PM	MOSTH 7AY85 EA	dri	ver of auto	o/fixed object	t impac	t	2
NG	THIS CE WARDEI PAGE 3 STATE DE 21201 P	ME	WHILE NOT WHILE AT WORK	STREET, SAU	reet (C)	700	TROILK. E. 25	oth Street B	altimor	e, Mary	/land
•	TO MERICAL EXAMINER. THIS OF THE CASE WRITE PAGE 4 SHOULD BE FORWARD TO FUNEAU DIRECTOR. PAGE AFTER DEATH WUHTHE STATE BATTIMORE. MARYLAND, 21201		220. I certify that I took cho death resulted from: No ACTUAL SIGNATURE	tural couses ,	877	Autop picideM		Undetermined monner	ond in my opi , DATE SIGNED	3_18	3-85
	PAGE 4	73n 8	EXAMINER'S NAME (TYPE OR PRINT) M		Korell, M.		ADDRESS	enn Street			
07/84 25M	BP	{5	Burial	3-21-85	South B	ranch	Memorial (Gardens Pete			WVa
	DHMH - 17 (VR A15 ME (5))	5	Blain School	ADDRESS	etersburg,	WVa	26 WAR 26	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ridan Par	Garage I	

STATE OF MARYLAND

0980765	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEN: 5 REG. NO.	12	ડ ડ્ર
		CEASED NAME POR PRINT	IRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	11176		AMES	L.	AMB	ROSE	Warch 28	1985	10.10 AM
6.1	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
- 1 1		Male		hite	July	19, 1893		RS.	
		RTHPLACE (STATE OR FORE		F WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH		
11100		VA		ISA	WIDOWE		BALTIMORE	City	MD.
1144	BA	TY OR TOWN OF DEATH	Y UNI	ON MEMORIA	AL HO	DR OTHER INSTITUTION SPITAL	Owner - Ser	NG LIFE) INDUSTR	tation
AND 21	13a. S	MD 13	HOME OR OTHER INSTITUTIO B. COUNTY	ROTHER INSTITUTION GIVE RESIDENCE BEFORE A NTY 13c. CITY OR TOWN Balto.		13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / ZIP C 3008 Clifton	Park T	errace
1/2/	4 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
1 1 11		William		Ambrose		Estelle		Gardi	ner
dies of	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)			17 INFORMANT	ADDRESS		
M		No		215 01 8	5884	Mrs. Emm	a L. Ambros		ame
BAI cute cute cute cute cute		18 CAUSE OF DEATH (Enter anly ane cause pro	0 - 1	Action to the second	L VAnnach .	Hand talue	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
ts a policy	700		MEDIATE CAUSE (a)_	Cavaine	arres	1 1 congestive	Heart Failure)	
TON OF THE PROPERTY OF THE PRO				OR AS A CONSEQUE		Cocoon	Artery Disea	CP.	
PRES.	1	Canditions, if any, w	liate	Atherosch		Colonary	milety bisco	30	
W d day		cause (a), stating underlying cause		OR AS A CONSEQUE	ENCE OF			FO TO	
201 pleo pleo urioli		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	lia
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIALs. The law requires the other direction that their signed is as the tuning investment permit. Then plea the and wentel inguising price to burious arkeday. New 18 May any interp, or	IFICATION	19a. DATE OF OPERATIO	N 196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINE	
# 21 E510	TIFE	-		-	N. 0		YES NO NO	YES [NO 🗆
My Market	CERT	210. ACCIDENT WAS UNDER	110110	OF INJURY A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19				
Sion and and and and and and and and and an	MED	21d. INJURY OCCURRED	LAT HOME.	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
My party of the pa		AT WORK AT WORK			March	15 10 85	watch 28	86	
A Para Para Para Para Para Para Para Par		22a.l certify that (1) (the	alive an March	the deceased from		, 17	death accurred an the date and	how and from t	he causes stated
E S E S E S E S E S E S E S E S E S E S		abave, (I) (we) (did	alive an MAVEN	dy after death.		DEGREE			TE SIGNED
9 4 9 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Q ta	1 Inu			ATTENDING _	MEDICAL STAFF	/ 3/3	18/85
Pita by day Short		22d PHYSICIAN NAM	E (TYPE OR PRINT)	,		PHYSICIAN [DIRECTOR PHYSICIAN		(0) (0)
O FUNE CO FUNE COUNTER THE STATE OF THE STAT		BETSY E	AY, M.D.			UNION ME	MORIAL HOSPITA	L	
5 5 5 4 3	23a E	BURIAL, CREMATION, RE	MOVAL 236. DATE	73c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	4/1/			land Memoria	al Balto. Cou	unty.	MD
DHMH - 16 50M 4/83			Henry W.			-	E REC'D. BY REGISTRAR 256. RE		
(VRA 15, 4)	49	05 York R			2121		PR 2 1985 4	to Brillia	10.200

white Juy 15, 1500 Country service delicion 7-15 WE Salto. x Simple Fire Fare se 750 7 9 C Y 215 U1 8884 Ivrs. Er ma L. Ambrole, Son S 4/1/36 Nonsian Was orial Ealto. County, Will Turial Harm W. Janeins & Sons Co. SEE York Ford Parts, NO 21212 42000

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO

2a DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHDAY)

250 Ab IF UNDER 1 YEAR

-12- 22 MARRIED NEVER MARRIED DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

17h KIND OF BUSINESS OR INDUSTRY

2b. HOUR

13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1639 Warwick Ave. 21216 YES XIX

15 MOTHER'S MAIDEN NAME MIDDLE FIRST Be1ches Annie

17 INFORMANT ADDRESS 225-26-3667A Bertha Davis 1412 N. Dukeland St

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MIDDLE

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [2 (c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

19

211. LOCATION CITY OR TOWN COUNTY

, and that in [my] (aur) opinion death accurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

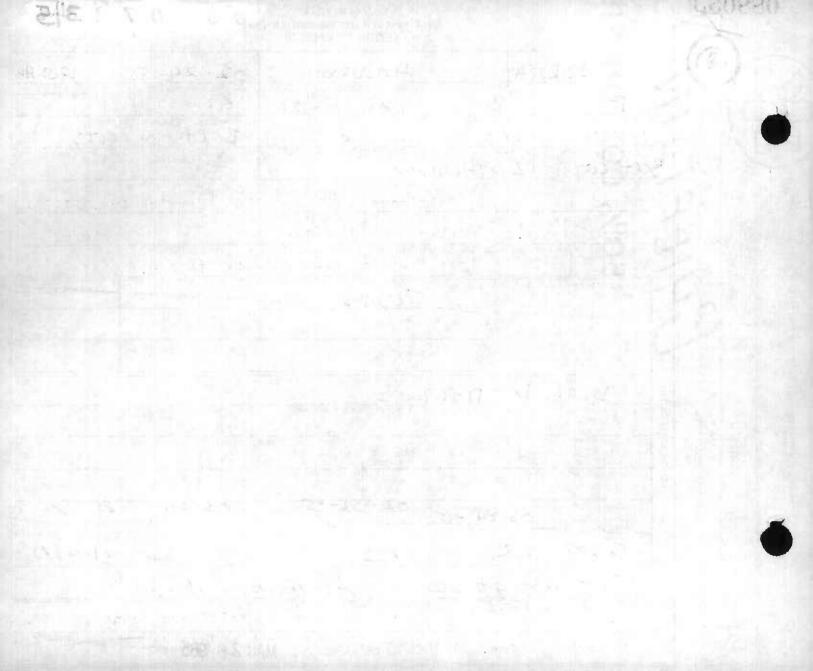
23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

Wm March F/H Inc. 1101 North Ave.

Woodlawn Cemetery Baltimore County, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATIVE TO THE STATE OF THE STATE



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 ments and the death. Page 4 may be estained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ulterains the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be sent within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician.	UNERA Id be di
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DHMH - 16 50M 4/83

(VRA 15, 4)

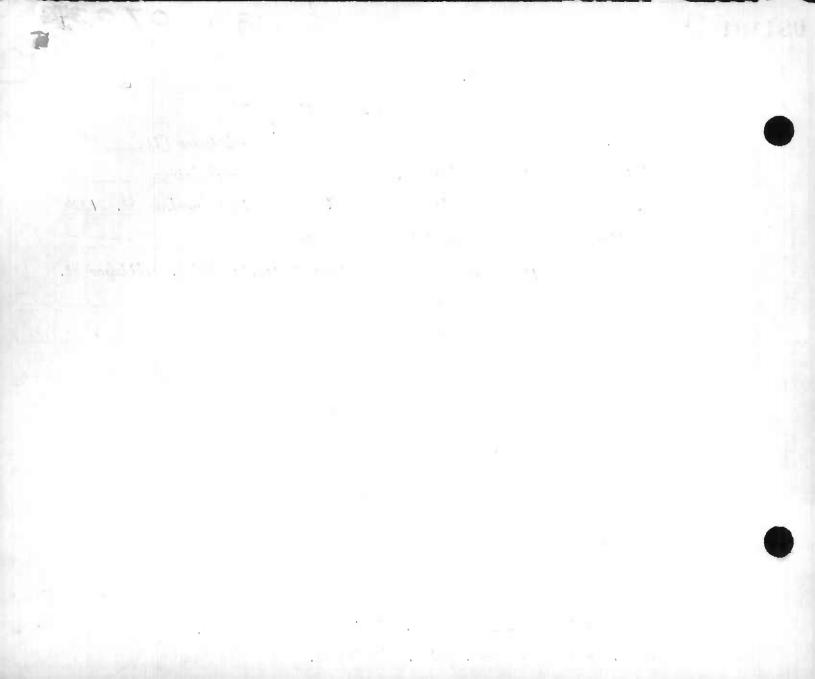
MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exa

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

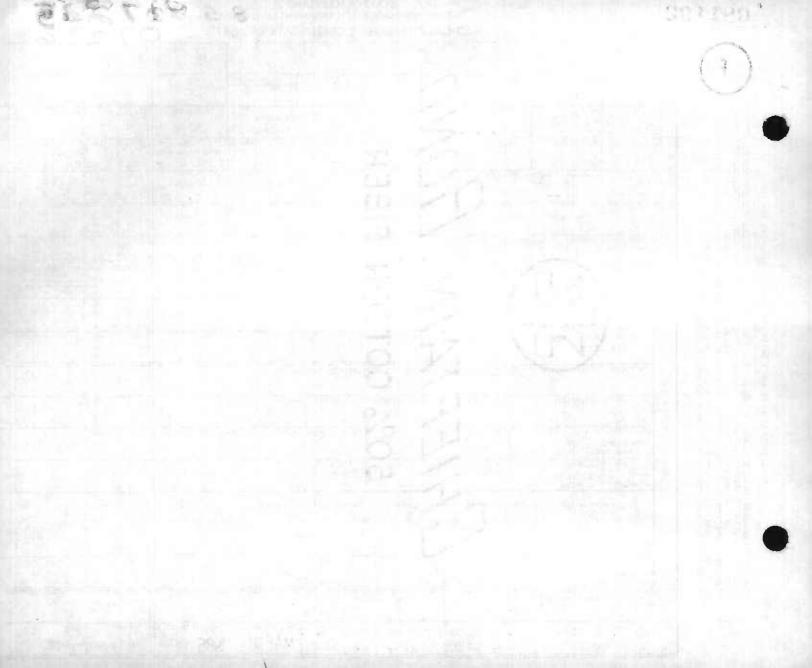
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYCE.
CERTIFICATE OF DEATH	

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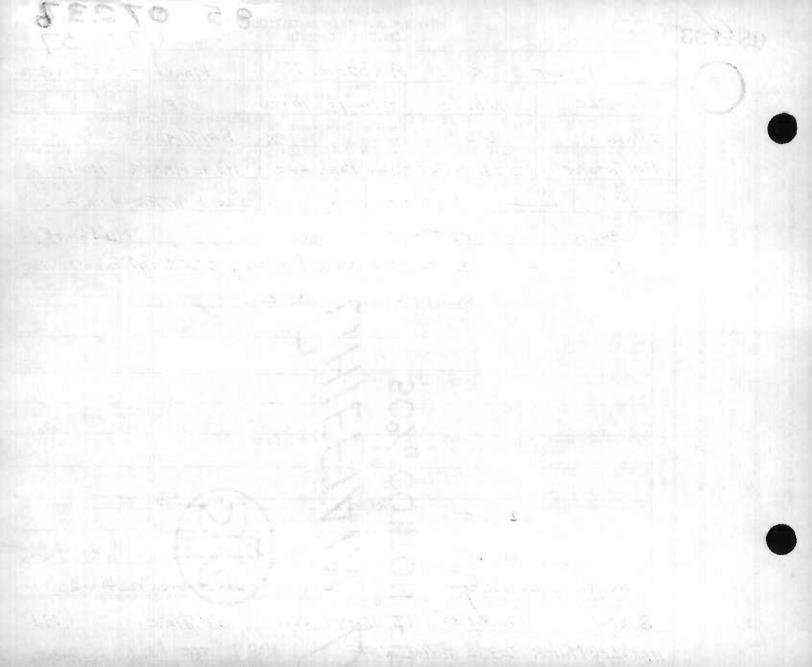
н		REGISTRAR											
		CEASED NAME	FIRST	-	MIDDLE	L	AST	20 DAT	E OF DEATH	MCHIH I	VAN YEAR	20 HOUR	
	(TYPE	OR PRINT)	, se.	- 6	٤.	nain	ERSON			3 3	3 85.	630 M	
	3. SEX			1. RACE	C	5. DATE C		6. AGE	(IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNUER 24 HRS	
		MALE		whi	Te	Nov	· PAY 1900	5 78		YRS.	MONTHS UAYS	HOURS MIN.	
100	COUNTRY!			76. CITIZEN OF	CITIZEN OF WHAT COUNTRY?			9. BALT	IMORE CITY	OR COUNTY	OF DEATH		
2		Md.		USA		WIDOWE	D DNORCED	□ Ba	ltimore	-		MD.	
	Baltino re			11. NAME OF HOSPITAL, NURSING HOME O (Fingt in sych facility, Give street address) 1308 (Ingelsect St.			OR OTHER INSTITUTION	TYPE OF	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! THERE DRIVEN			12b. KIND OF BUSINESS OR INDUSTRY	
5	130. S	AL RESIDENCE IN MURSIN TAJE Ma.	NG HOME OR		Bulto		13d INSIDE CITY LIMIT	15? 13e.STR	EET ADDRESS	ZIP CODE	St. 212	24	
		THER'S NAME		MIDDLE	LAST	,	15. MOTHER'S MAIDE		WIDDLE		LAS	ī	
		gnatius			Indrysia		Jhereso	2	ADDR	ec.c	-		
		VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDR			C	
	3	es	ww	11	048-01	-1522	Albert Sko	linski	6925	· Bal	timore.		
		18 CAUSE OF DEATH			line for (a), (b), o	and ici					BETWEEN	MATE INTERVAL ONSET AND DEATH	
				E CAUSE (a)	CARD	10 Pc	LMONBR	Y	RRES	50_	10	WIN.	
		DUE TO, OR AS A CONSEQUENCE OF									10		
		Conditions, if any, which (b) CA of LUNG.								8	MONTHS		
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying cause last											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										3	
	o N												
9	CERTIFICATION	190. DATE OF OPERATION 196 CO		196 COND	dition for which operation was performed				AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	OF DEATH?	
_	E	A COMPANY WHAT HANDS	ENLUNIC C	2 214 THAT C	E IN III IDV		131: HOW BUILDY OF	YES			5	NO []	
3		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. MONTH DAY YEAR									ART (OR PART 2)		
1	N V	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19											
	MEDICAL	21d INJURY OCCURRED 21e PLACE C			OF INJURY RET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET				CITY OR TOWN		COUNTY	COUNTY STATE	
		AT WORK LAT WOR	K										
		220.1 certify that (1)						, to_				that (I) (we) last	
		saw the decease above, (I) (we) (d	id) (did no	t) view the body	after death.		nd that in (my) (aur) op	oinian death oc	curred on the c	dote and hou			
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										185	
		224 PHYSICIAN'S NAME (TYPE OR PRINT)									Λ Λ		
L		Gwe	n	LUBO	715		ILOCH K	-Aven		Mars	5 HOLA	ninistration	
		BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMAT	ORY 23d.	CITY OR TOWN		COUNTY	Md.	
		Burial		13-6-8	5 3	t. Sta	nislaus	I B	ilto.	Jan			
	24 FL	UNERAL DIRECTOR		0 2	1. APPRESS	10 2	_ 1	MAND O	BY REGISTRAI	KIZSB. REGIST	RAR'S SIGNAT	URE	
	100	non in wede	en a.	Sons In	c. 401 J	, (he	ster St.	MINIT O	1505	1	who is any	-Manaces	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINTA OF ESTI-PETER WALTER ANDERSON 6 19 RE DATE OF BIRTH 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 3 SEX DATE PRONOUNCED 19 85 9:137 DEAD 1896 July 17. 88 Male White Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Baltimore Minnesota ES 1, 2, AND 3 TO THE FURNA 3. RETAIN PAGE 5. ND 2 SHOULD BE FILED. IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Patrolman - Baltimore Police (North) 1004 Franklintown Road Baltimore ISUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 21216 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 30 STATE Baltimore YES X NO [1004 N. Franklintown Road Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Claudine (unknown) Peter Anderson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) 218-44-5865 Yes WW 1 Anna Anderson Same as # 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A CERTIFICATION 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AGR: Thi...
(CATE, WRITIN...
(E FORWARDED TO ...
"A: E PAGE 3 SHOULD be...
"A: TE DEPARTMENT OF r...
"A: TE DEPARTMENT OF YES T NOXX 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE. PLACE OF INJURY (AT HOME 211. LOCATION PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK 220. I certify that Laak charge of the remains described above, held an Autopsy Natural causes death resulted from: Hamicide Undetermined manner TITLE (SPECIFY)
ASSISTANT 3/6/85 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME ADDRESS 111 Penn Street, Baltimore, MD 21201 Dennis F. Smyth, M., D. (TYPE OR PRINT) 23d LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b DATE STATE 3/7/85 Garrison Forest Veterans Md. Burial Owings Mills 07/B4 25M Leroy M. Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH - 17** 1630 Edmondson Avenue, Catonsville, Md. 21228 MAR (VR A15 ME (5))



no Nort	1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL SYS CERTIFICATE OF DEATH	1 5 O	1231
QDE COU		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	ARBOGAST	20. DATE OF DEATH MONTH	21000
your (sopply)	3. SE	FeMALE 1	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
B 92		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	Y? B. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	RS I I I I I I I I I I I I I I I I I I I
deorth the 72	7	CILINOIS	U.S.A.	WIDOWED DIVORCED	BAITIMO.	RE CITY MD.
the the t	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR 226 S. PAT	TERSON PARK AVE	TYPE OF WORK FOR MOST OF WORK HOMEMAK	ING LIFE) INDUSTRY
24 hour filled in ould be f	USU. 13a. S	AL RESIDENCE LIF NURSING HOME OR O	Y 13c. CITY OR TO	ORE ADMISSION) 13d. INSIDE CITY LIMITS? MORE YES NO	130. STREET ADDRESS 2265. PATTE	ERSON PR. AVE
ampletely 1 and 2 sh	14. FA	THER'S NAME LESLIE M	IDDLE OUTL	15. MOTHER'S MAIDEN NA FIRST LOIS	MIDDLE	Mulbaney
cate be executivistical and cappers. Pages 1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SE WAR OR DATES) 2/9-26		MAN 2265,1	PATTERSON PKAJUE
s that the death certificate by the attending phologoe remove carbon print, cremation, or remove an attending or attention are attending to a series or attention and contractions.		PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	chargesel C	AINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ING PHYSICIAN: The law require ratending physician. Wher this certificate has been sign as the burial-transit permit. Then, the and Mental Hygiene prior to bu orked or them 18 shows any injury.	CERTIFICATION	19a. DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO
PHYSICIAN: The ending physicia this certificate to burial-transit ad Mental Hygin d an Item 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
DING PHYSIC or after this cer After this cer e as the burion of the ord Meni marked or free	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital a pital a for use of Heal 21 is m		22a.l certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not)	12/85	, and that in (my) (aur) apinion	death accurred on the date one	, 19, that (I) (we) lost d hour and from the couses stated
OR DIR		22b. SIGNATURE	lus	DEGREE ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	211.
TO HOSPITAL retained by the TO FUNERAL should be determined to the Store IMPORTANT:		m. welu	nsky	211 W.	atterson &	> he Ave
BP		BURIAL CREMATION, REMOVAL	MAR. 8, 1985	MT. CARMOL COM	23d. LOCATION CITY OR TOWN BAITIMORE	2 COUNTY MA
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	HARTLey Miller	2.332 Jeff		AR 7 1085	Sa Savidana Rando 12



FOR STATE

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN. CERTIFICATE OF DEATH

LAST

	REG. NO.					
	20 DATE OF DEATH MONTH	DAY		YEAR	2b. HOU	JR a
	March 30, 198	35			2:0	0 1
	6 AGE (IN YEARS LAST BIRTHDAY)	16	UNDE	RIYEAR	IF UNDER	24 HRS
	67 YRS.	MOI	NIH5	DAYS	HOURS	MIN.
_	9 BALTIMORE CITY OR COUNT	ΥO	F DE	ATH		
	Baltimore Ci	ty				M
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Homemaker	IFE)	IND	USTRY	Hor	

1	JO	SEPHINE T.	ARCHER	March 30	. 1985	2:00
ı	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
ď	Female	White	April 7, 1917	67	YRS. DAYS	HOURS MIN.
Я	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	MD	USA	WIDOWED DIVORCED	□ Baltimor	e City	M
7	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTRY	OF BUSINESS OF
6	Baltimore	3220 Ellerslie	Avenue	Homema	ker Own	Home
1	USUAL RESIDENCE (IF NURSING HOME OF			S? 13e.STREET ADDRESS	/ ZIP CODE	
1	MD	Balto			erslie Ave.	, 21218
9	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAS	t t
Z	Daniel	O'Donova		, mode	White	
7	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRE	SS	WARRIED TO
	NO NO	217 07 (0535 Berlin W	. Archer,	Same	
	18 CAUSE OF DEATH (Enter of	inly ane cause per fine far (a), (b), and		0	BETWEEN	IMATE INTERVAL ONSET AND DEATH
f		TE CAUSE (a)	in of Its 1	Cerry	10	Ma
		DUE TO, OR AS A CONSEQUE	ENCE OF	1		
Н	Conditions, if any, which	((b)				
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
	underlying cause last.	((c)				
I,		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 11	o
A	NOIL 190 DATE OF OPERATION					
1	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	

CERTIF NOX 216. TIME OF INJURY ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION CITY OR TOWN COUNTY

Marl 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above. (f) we) (did) (did not) view the body after death our) opinion death occurred an the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OF PRINT)

7620 York Road, Balto., MD

PHYSICIAN DIRECTOR PHYSICIAN

Dr. Arthur Serpick, MD 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d LOCATION

Union Chapel Meth. 4/1/85 Burial 24 FUNERAL DIRECTOR Herry W. Jenkins & Sons Co.

MD Wilna, 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

Tube Daydson Jandalle 4905 York Road Balto, MD

BP

per

MEDICAL

(SPECIFY)

DHMH - 16 60M 7/B4 (VRA 15, 4)

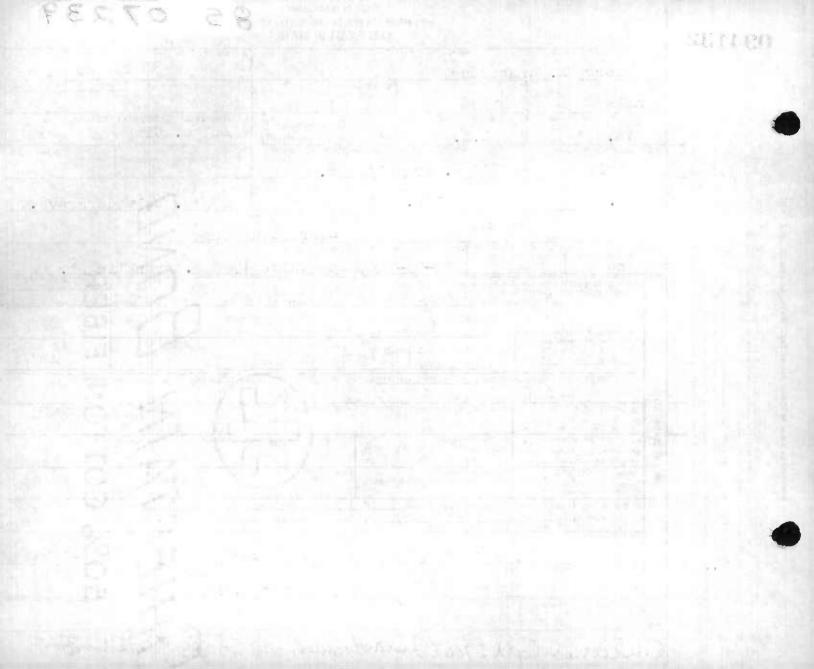
RESTO LA The state of the s the delignment - 2220 Libraria v mas - tomamakan kanala 0227 METERS ENGINEER SIZE SIZE SIZE STATES ett (est mile W. Leave, Single 199)

Dr. William From S. Will Food York Road, Date: N. Williams

Eurial (1/85 Unix Carpol VIII)

Ferry W Janeine B and Co.

Jack Took G Vers Hood G Vers Ho



8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

Like Davidson Pandelle

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIL

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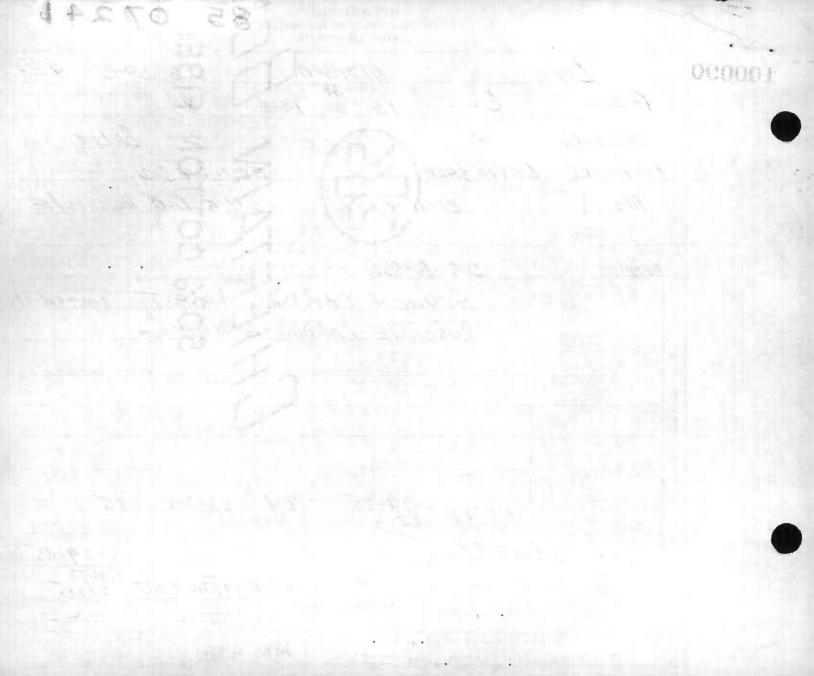
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN.

- STATE CERTIFICATE OF DEATH REGISTRAN REG. NO. 20. DATE OF DEATH MONTH DECEASED NAME TYPE CHIPBRATE 00090 4 RACE 18926, AGE (IN YEARS LAST BIRTHDAY 3. SEX 5 DATE OF BIRTH YEAR KENNY AUCASIAN EMALE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED 🗭 NEVER MARRIED CITY OF WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR QF WORKING LIFE) 136 COUNTY IJu STATE 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE FANNIE ELFEN'BAUM EMANUEL GORDON THE WAS DE EASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TRVIN B. ARONSONS 166 SOCIAL SECURITY NO. 21201 HIGHLAND LAKES BLVD. N.MIAMI BEACH 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic-PART I. DEATH WAS CAUSED BY. Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NOF NOF 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and have and from the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN -DIRECTOR PHYSICIAN 22g ADDRESS MARE 31.1985 HEBREW FREENDSHIP ORY BALTIMORE MARYLAND SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE is ne was air - frances BALTO. MD 21215

DHMH - 16 60M 7/B4 (VRA 15, 4)

6010_REISTERSTOWN_RD_



prior to burial,

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morked or Item 18

IMPORTANT:

MEDICAL

	FOR T - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 6 5 U -	7 2 4 3.
	1. DECEASED NAME FIRST (TYPE OR PRINT)	ARLES E.	ARNOLD	20. DATE OF DEATH MONTH DO	3.50 M
ų,	3 SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	9 24 YEAR 22	62 YRS.	ON . DAYS HOOKS MIN.
×	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
7	Maryland	USA	(WIDOWED DIVORCED	Baltimore Ci	ty MD.
d	10. CITY OR TOWN OF DEATH Baltimore		FING HOME OR OTHER INSTITUTION SET ADDRESS) General Hospital	8 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	12b, KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOM) 130. STATE 136 CC Maryland	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) OWN 13d INSIDECITY LIMITS	3430 Chestnut A	ve. 21211
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
C	Walter	V. Arnold	d Lillia		Stump
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
H		W II 215-18-	-8464 Doris M.	Arnold 3430 Chestnu	t Ave. 21211
	PART I. DEATH WAS CAU	r anly ane cause per line for (a), (b), o USED BY. DIATE CAUSE (a)	TE MYULAY	DIALLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	LIALALIZ	CTION) CREATIC CAR	CINOMA
	PART 2. OTHER SIGNIFICAN	TONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CONDITION GIVE	N IN PART 11a
7	190. DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO YES	
3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY NOT WHILE

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

CITY OR TOWN

STAFF

and that in (my) (aur) opinian death accurred an the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED

22d. PHYSICIAN'S NAME LTYPE OR PRINTS

220.1 certify that (1) (this hospital) attended the deceased from

PHYSICIAN 22e ADDRESS

MEDICAL

ATTENDING

DIRECTOR PHYSICIAN

COUNTY

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)

Lorraine Park Cem.

23d. LOCATION COUNTY

STATE Maryland

STATE

Burial 24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

3/26/85

Baltimore 250 DATE REC'D. BY REGISTRAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

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BP.

· h	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND CERTIFICATE OF DEATH SEC NO.	
088005	DECEASED NAME FIRST MIDDLE ASSET THE CORPRINT) DOSE HIT A REST SOLUTION OF BIRTH GAGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPE OF BIRTH GAGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPE OF BIRTH	M RS
offer death Poge 4	MALE CAUCASIAN O5 19 19 15 69 YRS MONTHS DATS HOURS WITH COUNTRY? MARRIED 12 NEVER MARRIED 12 NEVER MARRIED 13 NORTH COUNTRY? PENNSYLVANIA USA WIDOWED DIVORCED DIVORCED 12 NORTH CITY ORTOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WITH USUAL OCCUPATION ITHER PROPERTY OF WORKING LIFE! NORTH CHARLES GENERAL INDUSTRY AUTO GI	
ecuted within 24 hours	SUAL RESIDENCE (IF NURSING HORE & OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ID. STATE ID. COLONTY	
quires that the death certificate be e signed by the ottending physical hen please remove corbonpoprite to burial, cremotion, ar remove hiury, or other troumotic event,	NO N/A 216015398 ELIZABETH B. ARIZZI 7918 31st ST. 18 CAUSE OF DEATH (Enter only one couse per line for (o)), (b), and (c) PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	in .
OR ATTENDING PHYSICIAN: The low reshopping or attending physician. OIRECTOR: After this certificate has been ched for use as the buriol-transit permit. They are the buriol-transit permit. They are the permit of Health and Mental Hygiene prior them 21 is marked or them 18 sites.	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE CERTIFYING CAUSES OF DEATH? YES NO TO THE CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINER) 210. NOT WHILE AT WORK 210. PLACE OF INJURY 101. LOCATION STREET 210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE MILE AUTOPSY? 210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE MILE AUTOPSY? YES NO TO THE MILE AUTOPSY? 210. PLACE OF INJURY 102. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE MILE AUTOPSY? YE	lost
DHWH 10 HOSPITAL (NEW 12) AMMONTAL (NEW 12) AMMONTAL (MARCH 12) AM	MARCOS B CTALICIA IR MD Nor 4 CHAVLES GENERAL BURIAL, CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATION 230 LOCATION CITY OR TOWN BALTO BALTO BALTO FAMILIA 200 DE COUNTY OR CREMATION 250 DATE RECED BY REGISTRAR SIGNATURE 1211 Ches accorded 2123 7 WAR 200 DOS REGISTRAR SIGNATURE	7.t.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07244

CEASED NAME	FIRST	A	AIDDLE	ŁAST		2a. DA1	E KNOWN	HTHOM K	DAY YEAR	25 HOUR
CON PANION	Marie	E	3.	Arthu	ır			□ 3/	4/ 1985	M
	MC	ONTH DAY	YEAR LAST BIRTHE	DAY) MONTHS DA		MIN PRONC	DUNCED	MONTH 3/	4/ 1985	12:49 P M
	R 75 C	ITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARR	IED M			YOFDEATH	
Maryland		U.S.	A.	WIDOWED [DIVORC	ED 🗆 Ba.				MD.
Baltim	ore J	ohns Hop	okins Hosp	ital	MOITUTITE	Seamst	ress	200	Clothir	na
STATE	136. COUNTY		13c. CITY OR TOWN	13d. IA		13e. STREET ADI	ore, Ma	E. Earyland	ager St. 1 21205	reet
ATHER'S NAME	MID	OLE	LAST	15. M	OTHER'S MAIDI	ENNAME	MIDDLE		LAST	
Arthur			Thomas		Norma		M.			
			166. SOCIAL SECURI						70.41	
No.				05 Ms.	Romona	Arthur	Balti	more,	Md. 21	207
Conditions, if gave rise to couse (a) static	ony, which immediate and the under-	(b)DUE TO, OR AS	s a consequence	OF	ot Wound	ls			BEIWENONSE	T AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 2										
		196 CONDITIO	TION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	NO []
UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	HOUR A.M. A	MONTH DAY YEA 3/4/198 INJURY (ATHOME, 14, FARM, ETC.)	Sub-	ect sho	ot	LIOWN	cou	NTY	STATE
22a I certify tho death resulted fro ACTUAL SIGNATURE	of I took chorge of toom: Notural co	he remains descri	bed above, held on	Autopsy Dicide	Inspection Inspection Inspection	n , Inqu Undetermined	monner .	nd in my opi	nion 2./E.//	
TEXAMINER'S NAM	Cxoxox	TZ D Val	iffman. M.	D. ADDR	FSS 11	1 Donn	* 1			
TYPE OR PRINT)	Gredor	y No hau	123c. NAME OF CE				it.			
1 30 1	MATYLAND AL RESIDENCE (IF INF STATE MATYLAND AL RESIDENCE (IF INF STATE MATYLAND ATHER'S NAME ATTHER'S NAME ATTHER'S NAME ATTHER'S NAME Conditions, if gove rise to couse (a) stotil lying couse los PART 7 DINER SIGNIFIC 190. DATE OF OPE 210. EXTERNAL CA UNDERLYING 210. INJURY OCCU WHILE AT WORK AT 220. I certify the deoth resulted fro ACTUAL SIGNATURE EXAMINER'S NAME	Marie 1. RACE Black Bla	Marie A. RACE S. DATE OF BIRTH MONTH DAY Black S. DATE OF BIRTH MONTH DAY BLACK S. DATE OF BIRTH MONTH DAY BREATH DAY BALLING S. DATE OF BIRTH MONTH DAY BREATH DAY BALLING S. DATE OF WHAT DAY BALLING S. DATE DAY BALLING S.	Marie 14. RACE 15. DATE OF BIRTH MONINH DAY WEAR 16. AGE (INV LAST BIRTHE Black 17. CITIZEN OF WHAT COUNTRY? Maryland 11. NAME OF HOSPITAL, NURSING HOM ENOT IN SUCH FACILITY, GIVE STREET ADDRESS) AL RESIDENCE (IF IN NURSING HOME OR OTHER HISTITUTION, GIVE RESIDENCE BEFORE ADMISS STATE 13b. COUNTY Maryland ATHER'S NAME Arthur WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) NO. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if only, which gove rise to immediate couse (o) stoting the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPE 21a EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH 21d INJURY OCCURRED WHILE AT WORK 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA STREET, FACTORY, FARM, ETC.) STREET, FA	ATTHE A. RACE S. DATE OF BIRTH ANDRE 1 ANDRE 2 ANDRE 2	Marie A RACE S. DATE OF BIRTH DAY YEAR MONTHS DAYS FOURS DAYS ROUSE	Marie B. Arthur ARACE B. DATE OF BIRTH MORITY DAY YEAR B. A. AGE (IN YEARS) BLUNDER 1 YR. IF UNDER 24 HS. 72. D. MORNITY DAY WOOD DEATH JE CITIZEN OF WHAT COUNTRY? BALTIMORY MARYLAND U. S. A. WOOW DO DEATH JIN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION BALTIMORY BALTIMORY AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE BALTIMORY AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE BALTIMORY MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE BALTIMORY AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE BALTIMORY MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE BALTIMORY MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE BALTIMORY MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE THOMAS MARYLAND BALTIMORY MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE THOMAS MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER HISTITUTION LONG RESIDENCE STORE ADMASSON) STATE THOMAS MARYLAND AL RESIDENCE (IF IN NURSING HOME, OR OTHER INSTITUTION JIJA (INTOREMASSON) JIJA (IN	Marie B. Marie B.	Marie B. Arthur Arthur Arthur Arthur Arthur Black Black	Marie B. Arthur Black Black

Sometraying Beltimere, parylene 21205 אַרונות . בילו ד la contract to the Partie | 2/9/1005 | Ft. angure Inches | Selitores. r nural Hone line, beligners, Beryland 71212 more well beginned to

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hoy be poge 3	{TYPE	OR PRINT) Baby	Girl	Artis	2e DATE OF DEATH	MONTH DAY YEAR 26 HOUR 3 21 19857:50 PA
oge m. rrector, p	3. SE	Female	Black	5. DATE OF BIRTH MONTH DAY YEAR Feb 6 198		MONTHS DATS HOURS MIN
deoth. P	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	DI BALTO.	City MI
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OR ATTENDING Per hospital or offer to DIRECTOR: After to obtain or use as the Dept. of Health and I is marked them 21 is marked	×	WHILE AT WORK 220.1 certify that (1) (this hasp sow the deceased alive or above (1) (we) (did) (did not 22b. SIGN ATURE		from MAR / 19 %	5 to MAR	
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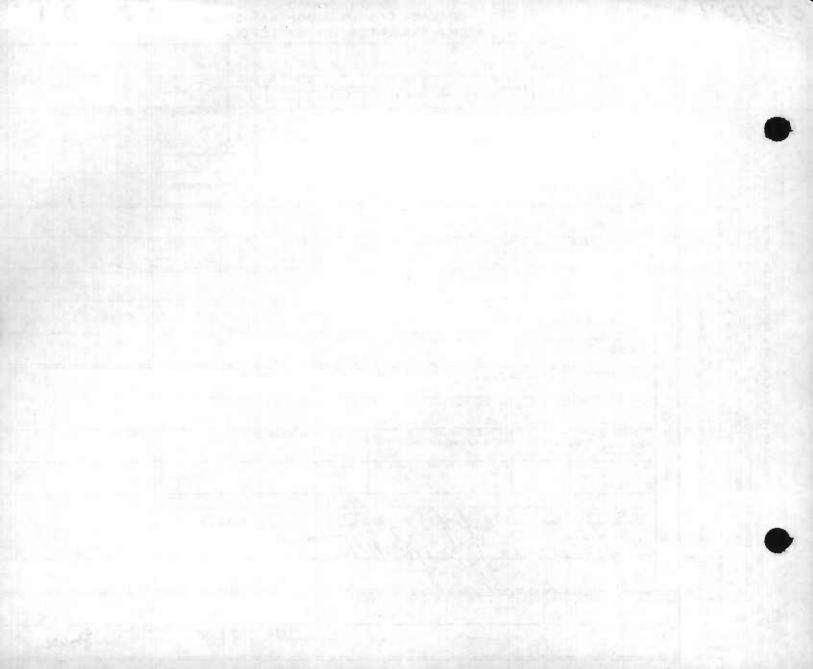
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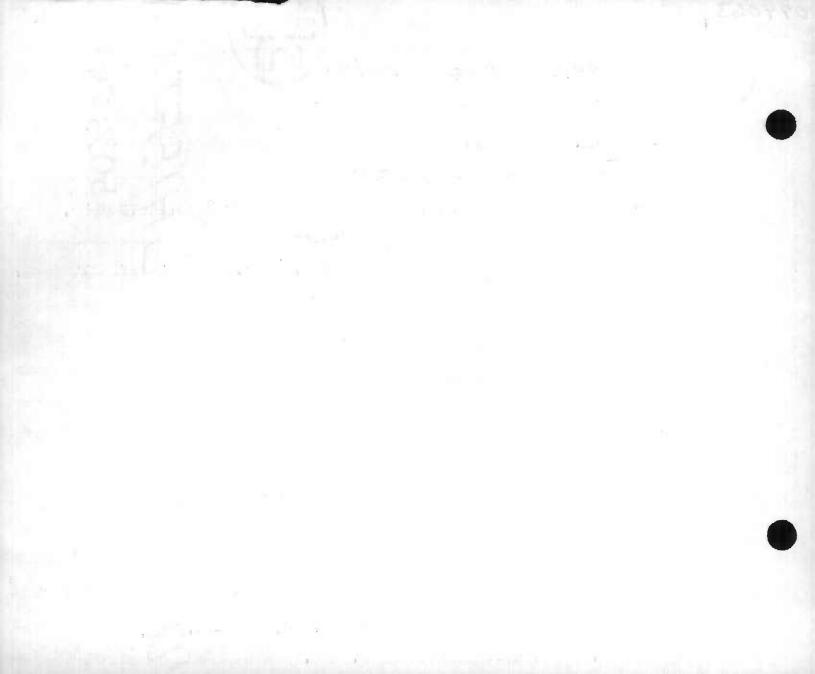
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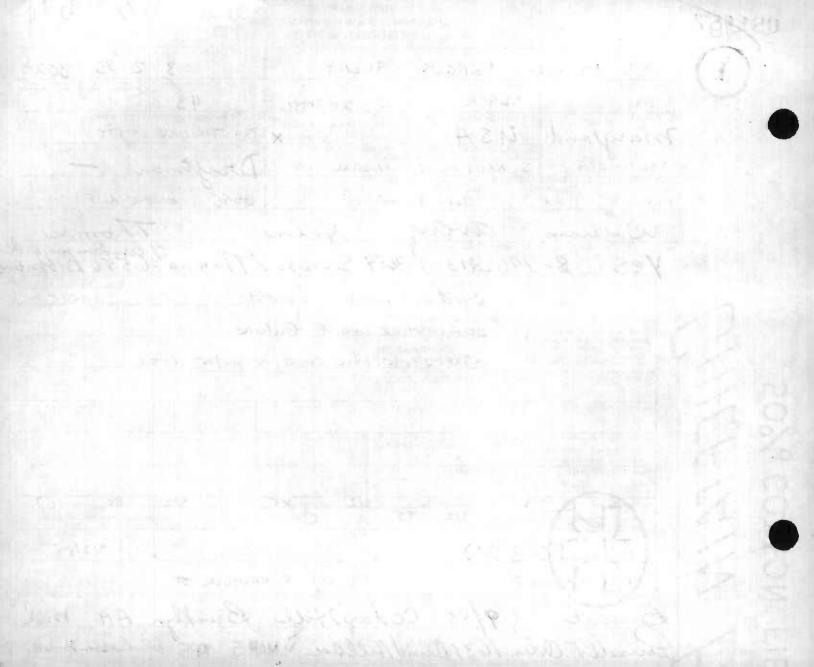
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¥ !	SHOUL CHIEF CHIEF E USED T OF H	CERTIFICATION										4.20	YES 📉	NO 🗆
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M	20	EXAMINER'S I	IT) Derii.	nis F. Smy				ADDKE22		St., Balto	., Md.	21201	-
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074063	1		, STATE OF MARYLAND
4	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HT. S S
- 1		REGISTRAR	CERTIFICATE OF DEATH REG. NO.
100		CEASED NAME FIRST OR PRINT)	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
		SADIL	E Mae AUTRY 03/285/0.A
A mo	3. SE	FEMALE	4. RACE 5. DATE OF BIRTH MONIH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONIHS DAYS HOURS MIN MONIHS DAYS HOURS MIN MONIHS DAYS HOURS MIN
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V(g 23 #	N.	RTHPLACE (STATE OR FOREIGN	MARRIED LI NEVER MARRIED X
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- to to 124		citus	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE)
2120 A in b be fill	USU	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
N 24	13q.	MD 136. COUI	BALTO. 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE YES NO D 2/100 RELECTED CTOWN PD
NRYLA within within d 2 sho	14. F	THER'S NAME	15. MOTHER'S MAIDEN NAME TOO TILLISTERS TOWN TIDE
MAR ed w	E	LLIOTT	AUTRY FRANCES
RE, MA		VAS DECEASED EVER IN U.S. AR	
In More to an ond con		NO	ALICE G. HARRIS 2400 REISTERSTOWN RI
SALT ore b pers.		18 CAUSE OF DEATH (Enter or	only one couse per line for (a), (b), and (c). A PPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T.,		PART I. DEATH WAS CAUSE	ISED BY. IATE CAUSE (0) Terminal Cuncle 20 CAUF BREAST
ON S		, , , , , , , , , , , , , , , , , , ,	DUE TO, OR AS A CONSEQUENCE OF
he death ce he ottending emove corb motion, or r		Conditions, if any, which	mental retard
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
that the the ease rerest of, crem		underlying couse lost.	(c).
25 es politica de constante de		PART 2. OTHER SIGNIFICANT	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG
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DING P or otter After il e os the olith one	>	AT WORK NOT WHILE AT WORK	26 06 36 D6
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R ATTEN hospitol RECTOR: red for used f	ш	sow the deceased olive or obove, (1) (we) did (did w	on
8 4 8 4 9 a		226. SIGNATURE	DEGREE 22c DATE SIGNED
		Kuary	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
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- 5 - 5 - 6		KUANT-	-YEN HUANT BON Sleaves Hospit
Day Odd		SURIAL, CREMATION, REMOVAL	AL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP		BURIAL	13/15/95 Aprille Mem Dy BALTO
DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOR	ADDRESS
(VRA 15, 4)		EROY O. DYET	



REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST ZO. DATE OF DEATH MONTH DAY (1YPE OR PRINT) MIL YOU FERGUS AUERY 3 Z		
MILTON FERGUS AVERT 3 2	YEAR	26. HOUR
	85	302A
1. RACE S. DATE OF BIRTH MONTH DAY YEAR Q 20 1991 43 YRS	DER I YEAR	HOURS MIN.
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130 STREET ADDRESS / ZIP CODE 131 STATE 132 STREET ADDRESS / ZIP CODE 134 CITY OR TOWN 136 CITY LIMITS? 137 COUNTY 138 STREET ADDRESS / ZIP CODE 139 STREET ADDRESS / ZIP CODE 130 STREET ADDRESS / ZIP CODE 130 STREET ADDRESS / ZIP CODE	AUE	21061
The state of the s	T LAS	nas
THE DATE RESIDENCE (IF NUISSENCH PRINCIPLE CONTITUTION OF RESONAL ENCOUNTY 134 COUNTY 144 COUNTY 14	56	Books
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220.1 certify that (1) (his transpito attended the deceased from 3/2, 19.85, to 3/2, 19.85	5	that (I) we last
saw the deceased alive an obove, (I) well (did not) view the body after death.	d from the	couses stated
DEGREE DEGREE	22c. DATE	SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	3/2	185
PHYSICIAN DIRECTOR PHYSICIAN DIR		LYTT
BP 236 BURNAL, CREMATION, REMOVAL 236 DATE 236 NAME OF GEMETERY OR CREMATORY 23d FATION	A	mil
DHMH-16 50M 4/83 (VRA 15, 4) 24 JONER L DIRECTOR VIANE 1250 DATE REC'D. BY REGISTRAN JO REGISTRAN VIANE 1250 DATE REC'D. BY REGISTRAN VIANE VIANE		-Aandele

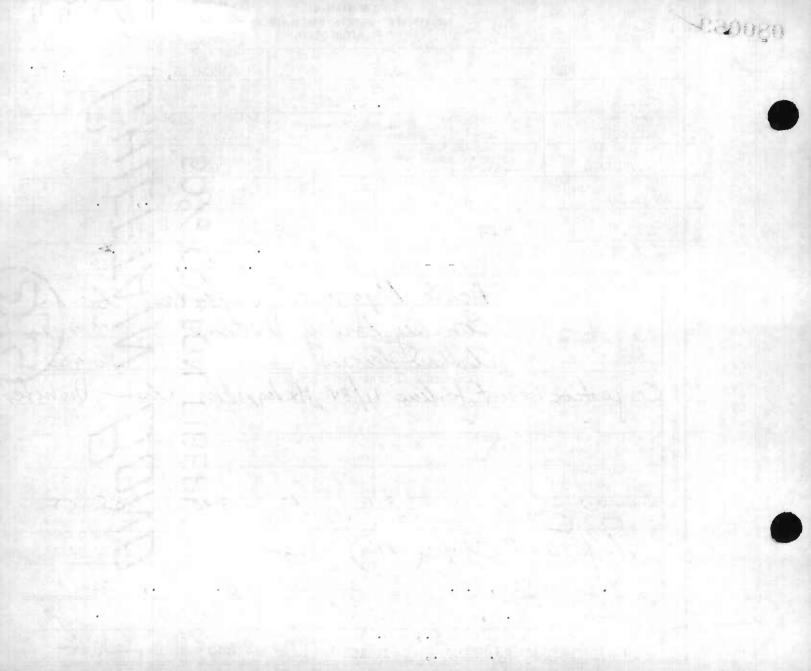


STATE OF MARYLAND

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O HOSPIT. TO FUNER should be dwith the Ste		1/	GERALD	OSTER,	M.D.				OLD C	OURT	RD.	BALTO	,MD	21208	
BP	23a. E	SURIAL, CREMATION SPECIFY) BURIA		MAR. 17	,1985			AHAVAS			NDA LE	STOWN	BAŁ	TO.	MDE

DHMH - 16 60M 7/84 (VRA 15, 4)

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD 21215 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAK 1 9 1985



26 DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? I STATE OF FORLIGN WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IVE STREET ADDRESS OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION LI36 COUNTY 14 FATHERIS NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT YES, NO QR UNKNOWN HE YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for, (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING **21h TIME OF INJURY** 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IE EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 31 sow the deceased alive on 3/ above, (I) (we) (did) (did not riew the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF * PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 27d PHYSICIAN'S NAME (TYPE OF PRINT) 72e ADDRESS d b PORT 2300 GARRISON BLVD. ROLAND

23h. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

5087060

- STATE

REGISTRAR

230 BURIAL CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY

REG. NO.

7h HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

NO I

STATE

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

22c. DATE SIGNED

BALTU.MU



completely filled in by the funeral

injury, or other troumotic event, the medical exc

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows ony

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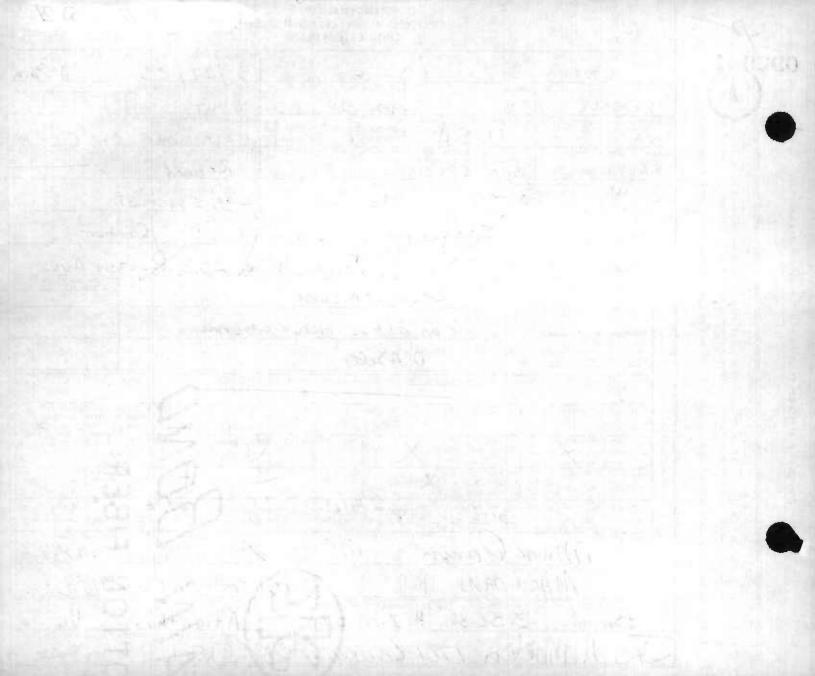
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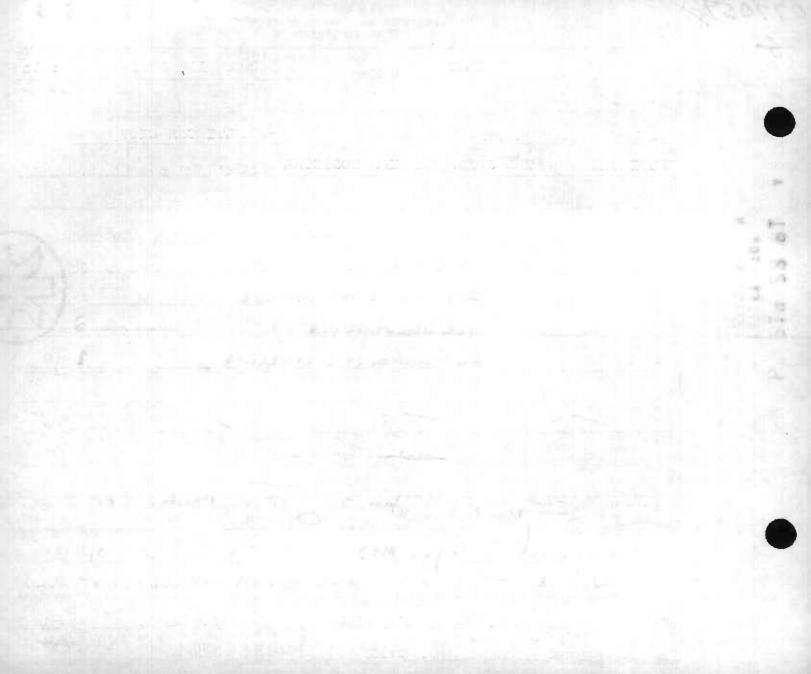
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١	1 -	FOR STATE	DEP	RTMENT OF HEALTH A			U .	1 En	5 2		
L	05.0	REGISTRAR	MIDDLE	LAST		REG. N	MONTH DAY	YEAR	2b. HOUR		
		CEASED NAME FIRST OR PRINT)	MIDDLE	1 chair		AL DIALE GO DEATH	MONIN DAI	TCAR.	1.95		
L	10	LAURA		BAILEY		3/27/	85		1-/am		
3.	SEX		4 RACE	5. DATE OF BIRTH		AGE IN TEARS LAST BI		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.		
L	1	FEMALE	8.	NONTH 25	8 93	81yrs	YRS.		HOURS MIN.		
74		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	RY? 8.	VER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH			
9	1	/A.	U.SA	WIDOWED	DIVORCED [BALTIM	DRE	CITY	MD.		
I	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		INSTITUTION	120 USUAL OCCUPAT	ION		BUSINESS OR		
JE.	B	ALTIMORE	BON SECO	URS HOSE	8	RETURN OF WORK EOR MOST	OF WORKING LIFE)	INDUSTRY			
4	30. S	L RESIDENCE (IF NURSING HOME OR TATE MA 13b. COU	OTHER INSTITUTION GIVE RESIDENCE ITY 13c. CITY OR	TOWN AND 13d. INS		13e.STREET ADDRESS	ZIP CODE	r. 2	218		
14		THER'S NAME	\ \	15 MOT	HER'S MAIDEN NAM		10				
		Harry V	Talighte	r50	Lacy	WIDDIE	/Cav	nt-erist			
14		(AS DECEASED EVER IN U. S. A.E. ES, NO OR UNKNOWN) (IF 1)	MED FORCES? TOU SOCIAL!	SECURITY NO. 17 INFO	nes Nall	A 2013	Rux	FON A	ve.		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	APPROXIM BETWEEN O	AATE INTERVAL INSET AND DEATH							
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		gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF LIFE COURSE (c)									
1		PART 2. OTHER SIGNIFICANT (TO DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR COM	NDITION GIVEN	IN PART 110	11		
	8										
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	GS USED OF DEATH?		
	2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY) 21c. HO	W INJURY OCCURR	D (ENTER NATURE OF IN)	URY IN ITEM 18 PART	I OR PART 2)			
		OR CONTRIBUTING CHESE OF DEA		DAY YEAR	X	1		X			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOC	CATION 4	CITYOTT	OWN	COUNTY	STATE		
Т	Σ	WHILE ON NOT WHILE O	(AT HOME, STREET, FACTORY,	PICE PARM, EICT			,				
1		220.1 certify that (1) (this hospi	tol) attended the deceased fr		1 19 8	2. to	176,19	8 3 , t	hot (I) (we) lost		
I		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body after death.	19_83, and that in	(my) (our) opinion de	eath occurred on the o	late and hour o	nd from the c	auses stated		
	3	226. SIGNATURE		DEGREE	0	,	54.25	22c. DATE S	SIGNED		
		mar	10 Cann	rus		MEDICAL STA		3/2	7/85		
		220. PHYSICIAN'S NAME (TYPE O	RPRINT) RICOAUS	M.D 220 AD	905/BA	MATAIA	reil	mo	21013		
2	30. B	Buria Buria	3.30-85	MIZION B	OR CREMATORY AOT	23d LOCATION A CITY OR TOWN	thus "	COUNTY	la state		
2	1 FU	INERAL DIRECTOR			25e DATE	REC'D. BY REGISTRA					
1		JAS W. IVO	200 /70	1 Course	75 MAF	2 8 1985	in Day	vidson-A	andelle "		

DHMH - 16 50M 4/B3 (VRA 15, 4)

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08602	7.	FOR	DI		E OF MARYLAND IEALTH AND MENTAL	HYG 25 -5	077	2 5 4
	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
		EASED NAME FIRST	MIDDLE	T T	AST	20 DATE OF DEATH		AR 2b. HOUR
275	(TYPE	ORPRINT) VER	and Mac	S P	ATIEV	may	11. 24 8	5 11:3
E W	3. SE		4 RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	00	YEAR IF UNDER 24 H
(84)		m	B	MONTH	21 104	35	YRS.	DAYS HOURS M
2 300		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8.		D DALTIMORE CITY	OR COUNTY OF DEAT	Н
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fun thur thur de	10 CI	TY OR TOWN OF DEATH		NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION J26. KI	ND OF BUSINESS
of the ed w	P	0/400	(IF NOT IN SUCH FACILITY, GI	11 0	TAI	(TYPE OF WORK FOR MOST	OF WORKING LIFE! INDUS	STRY
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with with d 2 d 2		FIRST	MIDDLE	LAST	FIRST	WIDDIE		LAST
pa du on on		RNON		ILEY SR			113 W.FOR	EST PK.
dicol		AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADD	RESS	AVE
Poges	1	NO		56-4897	FERELEN	E BAILEY 42	113 W. FO	REST PK
equires that the death of signed by the attendion of the please remove corridoring, or other troumation, or other troumation.	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	nseouence of	NOT RELATED TO THE	ply/1, ceneral place of co	aty NOTITION GIVEN IN PA	Rĭ lio
as been no permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
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A Se Calific		220.1 certify that (I) (this hosp	ital) attended the deceased	d from		, to	. 19	, that (I) (we
TTEN TOR For und H		sow the deceased alive or	n ot) view the body alter deatl	19, o	nd that in (my) (our) api	nion death occurred on the	date and hour and Iron	m the couses state
7 11 11		22b. SIGNATURE	of view the body offer deoff	Д,	DEGREE ATTENDIN	G MEDICAL ST.	AFF _ O	DATE SIGNED
At OR A the hos A DIRECTOR DIRECTOR DEPT. If them		Ke9Cin	Titol		PHYSICIA	N DIRECTOR PHYS	ICIAN 4	191ch 24
O HOSPITAL OR A toined by the hos O FUNERAL DIREC hould be detoched with the State Dept.		RODIN FINT	DR PRINT) He/ mb		PHYSICIA 22e ADDRESS STNAI	HOSPTTA	(Balt	hero in
4 - 2 - 2		22d PHYSICIAN'S NAME (TYPE) RIDIN FINT URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	tel mb	23¢ NAME OF C		HOSPITA	(BQ/A	huro , M.

1. 346.0 Value Me Morella TWO IS BUILDING AND SHOULD BE A SECOND The state of the s hate an restrict Walleton Shirthfully White Manufactor THE DESIGNATION OF THE PROPERTY OF THE PARTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07255

	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.			
	ECEASED NAME FIRST E	rma '	R.	· ·	AST Bain	20. DATE OF DEA	TH MONTH	DAY	YEAR	2h HOUR
(100	ERM	H	7		BAIN		3.	-3-	1985	605 AM
3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS IA	ST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
	Female	Cauca	asian	12	14 1895	89	YRS	MONTH	DAYS	HOURS MIN.
7a 8	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	ITY OF D	EATH	
	Alabama	U.S.A	Α.	WIDOWE		Balti	more	Cit	V	MD
10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCL	PATION	121	b. KIND O	F BUSINESS OR
	Baltimore /		Agnes Ho		:a1	Housew		3 LIFE) I IN		ome
	IAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					110	71110
	aryland Bal	timore	Catons		136 INSIDE CITY LIMITS? YES NO 🔀	213 Alt			enue	21228
14. F	ATHER'S NAME	MIDDLE	1451		15 MOTHER'S MAIDEN NA	AME				
	Fred		bertson	1	Mary	MIDI	È.	Al	exar	nder
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS			
	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	421-26-	-8865	Violet H.	Parks Sa	me as	#	13	
	18 CAUSE OF DEATH (Enter o		line for (a), (b), an	d (cs.)					BETWEEN	MATE INTERVAL
	PART I. DE ATH WAS CAUSI	TE CAUSE (a)	Sep	3/5				1111		
		DUE TO O	R AS A CONSEQUE	NCE OF						
	Conditions, if any, which									
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cause last.									
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	SIVEN IN	J PART 1	0
Z	Chumi	0 10.	al lail	بدا	111112	in teel	_ ~			
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				NGS USED
E		20 1000				YES TO NO		YES T	CAUSES	OF DEATH?
1 8	210. ACCIDENT WAS UNDERLYING] 21b. TIME O	F INJURY		21c. HOW INJURY OCCUP				OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA							
MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINE	R) P		19	211 LOCATION					
ME	WHILE IT NOT WHILE IT	(AT HOME STE	REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY	OR TOWN	C	YTHUO	STATE
					2-24 10 85		3-3		() ===	
Н	220.1 certify that (1) (this hasp saw the deceased alive ar			en and	nd that in (my) (aur) apinion	death assured as t				that (I) (we) last
	abave, (I) (we) (did) (did no	at view the bady	after death.			death occurred an i	ne date and r			
	120. SIGNATURE	Kiels	law ken		DEGREE ATTENDING	MEDICAL	STAFF	1	22c DATE	to the time to the
		7/120	00000		PHYSICIAN [DIRECTOR PH			3-,	3-87
	22d. PHYSICIAN'S NAME (TYPE	V			22e ADDRESS	Agres	Hosts	Fa	0	
	4. VELLA	NIKA	RANI	4.0.	Balh	m M	0-1-	212	29	
230	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	VN	COL	INTY	STATE
	Burial	3-7-	85 0	xford	d Cemetery	Oxfo	rd	Ca	lhou	an Ala.

Oxford Cemetery

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detoched for use as the burnol-tronsit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

OR ATTENDING PHYSICIAN: The low

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

Mac Nabb Funeral

Burial 24 FUNERAL DIRECTOR

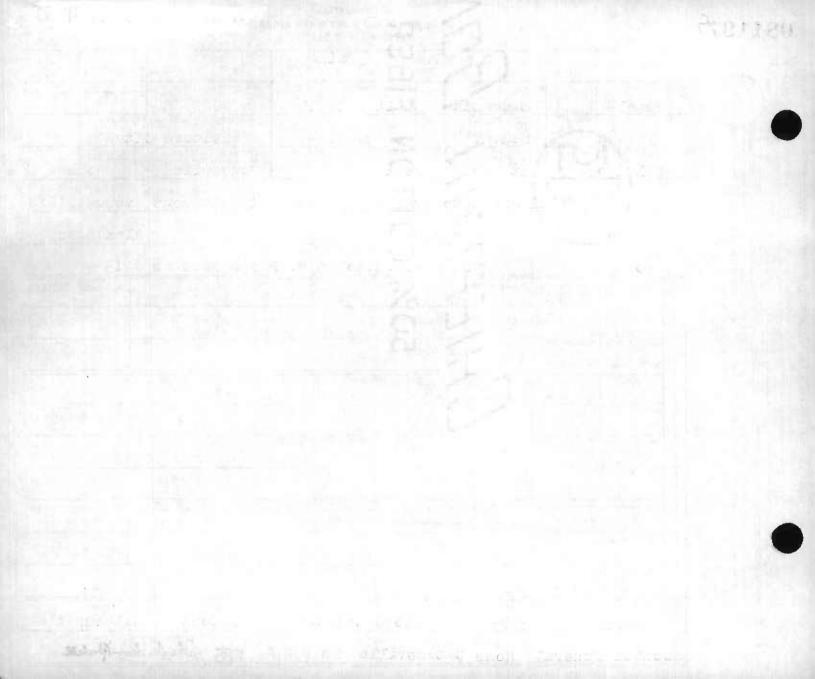
3-7-85

Catonsville Home

Md

Calhoun Ala.

250. DATE REC'D. BY REGISTRAIL 256. REGISTRAR'S SIGNATURE



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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENT
- STATE	CERTIFICATE OF REAT

DEI ARTH	CERTIFIC			REG. NO.		Ė			
IDDLE	LAST			20. DATE OF DEATH MONT	H DAY	YEAR	2b. HOL	JR	
Bak	er			March 9, 19	85		11:1	9A M	
	5 DATE OF B	IRTH		6 AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HRS	
k	M9NTH	29	96	88	YRS.	DAYS	HOURS	MIN.	
HAT COUNTRY?	8			9 BALTIMORE CITY OR CO	LINTY OF DE	ATH			

TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF V MARRIED NEVER MARRIED X COUNTRY) USA MD WIDOWED 10. CITY OR TOWN OF DEATH

Blac

4. RACE

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital USUAL RESIDENCE (IF NURSING HOM/OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

INDUSTRY 13e STREET ADDRESS / ZIP CODE

Winters Lane

MD 14. FATHER'S NAME John

Baltimore

REGISTRAR I. DECEASED NAME

Female

(TYPE OR PRINT)

3. SEX

MIDDLE C. Baker

166 SOCIAL SECURITY NO.

Baltimore

Marv 17 INFORMANT

15 MOTHER'S MAIDEN NAME

FIRST

13d. INSIDE CITY LIMITS?

DIVORCED |

NO G

ADDRESS

Baltimore City

TYPE OF WORK FOR MOST OF WORKING LIFEL

MIDDLE

12ª USUAL OCCUPATION

17b. KIND OF BUSINESS OR

LAST

No

CERTIFICATION

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)

FIRST

Rosa

213-36-3185 Marion Fitzgerald 3313 Retlaw Rd

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF Probably Secondary to Aspiration of Barium Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Disease (failure): Diabetes, Abdominal pain of unknown etiology
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206, AUTOPSY? 206. IF YES, WERE FINDINGS USED 9ª DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19 211 LOCATION

CITY OR TOWN COUNTY

STATE

220 I certify that (X (this hospital) attended the deceased from March saw the deceased alive an __ abave, Vi (we) (did) WIV W

23a. BURIAL, CREMATION, REMOVAL

1985 DEGREE

MEDICAL ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

CITY OR TOWN

Balt

and that in XiXXi aur) apinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED

Margaret A. Fountain, M.D.

220 ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Eastview Mem

c/o Maryland General Hospital

March 9

COUNTY Md.

Burial 24 FUNERAL DIRECTOR

> Wm. March F/H 1101 E. North Ave.

March

23b. DATE

TO DATE REC'D.

DHMH - 16 50M 4/83 (VRA 15. 4)

16

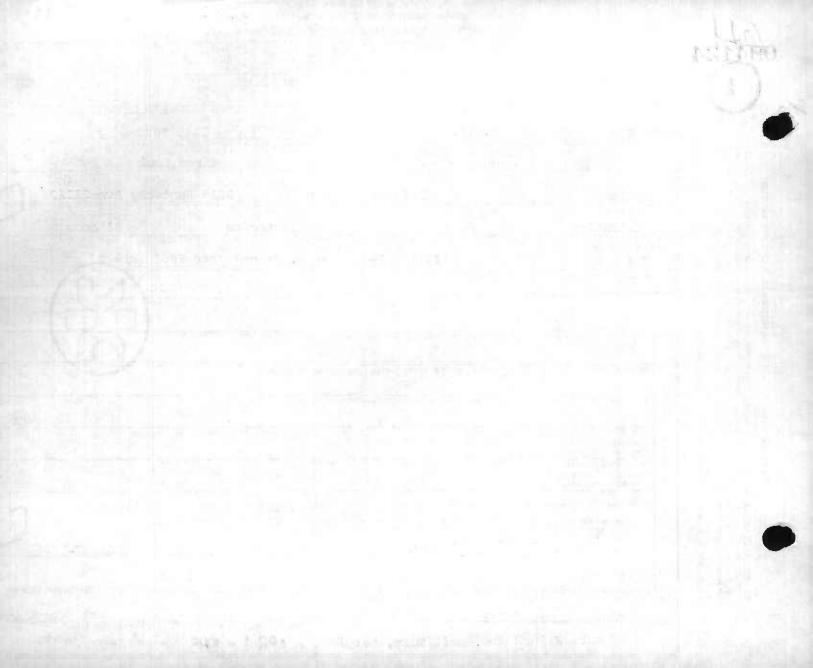
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DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEALIN REGISTRAR O. DATE KNOWN BANELIS JAMES DEATH MATED SEX 6 AGE (IN YEARS | IF UNDER) YR. IF UNDER 24 HRS. 2damur DATE LAST SIRTHDAY PRONOUNCED 11:30 White Feb 5,1896 89 DEAD -29-859 Male To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED Baltimore City Greece 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Kentucky Avenue Baltimore Retired Cook RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2215 Kentucky Ave 21213 Maryland YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Estratios Doukas Aikaterine Albanos 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) WW 7 113-10-4166 Mr R. Samuel Jett 7801 York Rd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Natural causes X Suicide Hamicide Undetermined manner TITLE (SPECIFY) . Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Amis Chapel Cemeteru Burial 07/84 North Carolina Granvillo 25M 24. FUNERAL DIRECTOR NAME Leonard J Ruck Inc. Baltimore, Maryland **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYG

REG. NO. OF DEATH MONTH 2a DAT 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR DAYS BALTIMORE CITY OR COUNTY OF DEATH

Baltimore Company

MIDDLE

76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED Ohio U.S.A. WIDOWEDXX ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED | Scott Kev Hospital

YES K

13d. INSIDE CITY LIMITS?

NOF

10-28-1897

TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife Home 13e.STREET ADDRESS / ZIP CODE 615 Tampa Road

13a STATE 13b. COUNTY 13r CITY OR TOWN Baltimor Baltimord Maryland 14. FATHER'S NAME MIDDLE

IMMEDIATE CAUSE (o)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

4 RACE

White

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15 MOTHER'S MAIDEN NAME LAST Chambers

IZ INFORMANT

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KIND OF BUSINESS OR

losenh IAN WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

ea.

164-50-7064 Mrs. John Taormino 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Baltimore, Md.

20b. IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

Conditions, if any, which gave rise to immediate cause (a), stating underlying cause

REGISTRAR

DECEASED NAME

Female

Baltimore

TYPE OR PRINTI

3. SEX

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

> 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

21e. PLACE OF INJURY

3-5-1985

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2)

DEGREE

23t NAME OF CEMETERY OR CREMATORY

Chapel Hills

211 LOCATION STREET

STATE

NO [

saw the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

710. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22a I certify that (I) (this hospital) attended the deceased from

23b. DATE

ATTENDING

MEDICAL DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

20e AUTOPSY?

NOTE

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

23d LOCATION CITY OR TOWN

Hancock

Burial 24 FUNERAL DIRECTOR

CERTIFICATION

Weirton 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

(SPECIFY)

McClave-Chandler-Mills

23a BURIAL, CREMATION, REMOVAL

Steubenville Oblig

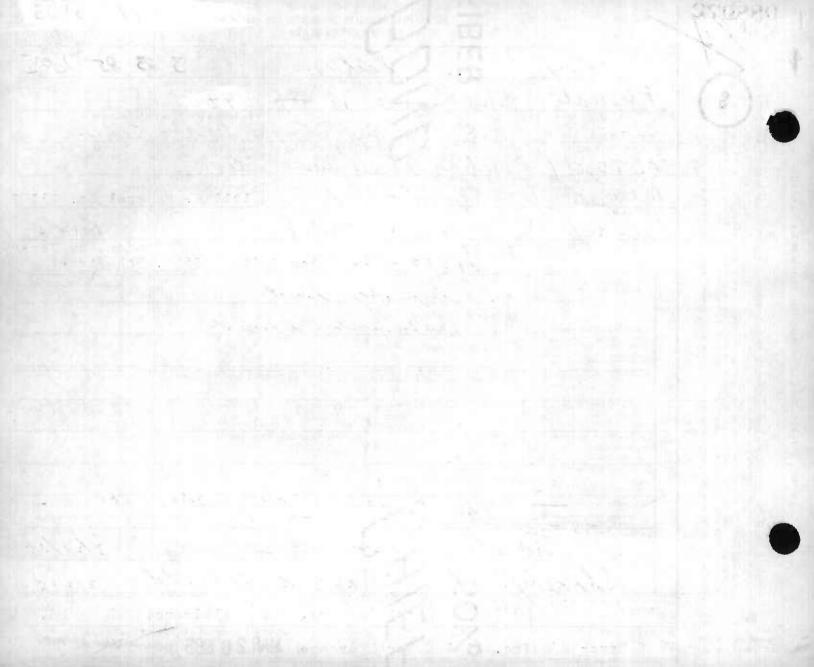
DHMH - 16 50M 4/B3 (VRA 15, 4)

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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANI		
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		CEASED NAME FIRST OR PRINT) MANY.	E	BAA 5. DATE OF I	Kley.		MONTH DAY YEAR	2b. HOUR O S M IF UNDER 24 HRS HOURS MIN.
huner Great Page 4	М	aryland	CITIZEN OF WHAT COUNTR	XY? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	g. Cely	MD. F BUSINESS OR
y filled in by the should be filled.	9) USU	ALTOUTY ALRESIDENCE (IF NURSING HOME OR O)		Ause FORE ADMISSION) What IS	d. Inside city Limits? NO ID MOTHER'S MAIDEN NAM			. 21202
n and completel		VAS DEČEASED EVER IN U.S. ARMI VES, NO OR UNKNOWN) (1F YES, GIVE V	ED FORCES? THE SOCIAL SE	us	Melle INFORMANT	MIDDLE ADDRE	SS Camden, Ne N. 9th Str	eet
es that the death certificate I ned by the ottending physicic please remove corbonpopers uriol, cremotion, or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEC	OUENCE OF	of related to the term			MATE NITEVAL
he low required to be hos been significant. Then the prior to be lows any injury	CERTIFICATION	19e DATE OF OPERATION	1%. CONDITION FOR WHI	ICH OPERATION	NAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [IGS USED OF DEATH?
DING PHYSICIAN: To or ottending physicial Affer this certificate e os the buriol-transifolith and Mental Hyginarked or them 18 shandred or the 18 shandred or the 18 shandred or them 18 shandred or the 18 s	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this bounds)	P,M, 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 CE, FARM, ETC)	1c. HOW INJURY OCCURR II LOCATION STREET	CITY OR TO	wn COUNTY	STATE
by the hospital of ATTEND by the hospital of LERAL DIRECTOR. Se detoched for use State Dept. of Hec		sow the deceosed olive on obove, (I) (was) (did) (did sot) 22b. SIGNATORE 22d. PHYSICIANIS NAME (TYPE OF	view the body ofter death.	DE	GREE ATTENDING PHYSICIAN 2e ADDRESS	MEDICAL STAF	22c. DATE	couses stated
TO HOSPITAL (TO FUNERAL I should be deto with the State I IMPORTANT: II		BURIAL, CREMATION, REMOVAL BURIAL			66/5 M/	23d LOCATION Baltimo		MdSTATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR C March F/H	Inc. 1101 E	North	Avenue 25a DATE	R 26 1985	256. REGISTRAR'S SIGNAT	IRE STATE OF THE S



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

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FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.		facego
1. DECEASED NAME FIRST (TYPE OR PRINT) CARRII		E. BARI		LAST	3/9/85	H DAY YEAR	26 HOUR
3. SEX Female	4 RACE B1	ack	5. DATE	OF BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto., Md.	U.S		WIDOW		9 BALTIMORE CITY OR COL	UNTY OF DEATH	MD.
Balto.	Pro	vident I	losp:		TYPE OF WORK FOR MOST OF WORK NUTSES AIO	(ING LIFE) INDUST	rsing H.
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		136. CITY OR TOWN Balto		13d. INSIDE CITY LIMITS? YES K NO C	13. STREET ADDRESS / ZIP 2312 Madis	code son Ave	. 21217
Robert E.	MIDDLE	Lee LAST		Mary TI	homas Lee		LAST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? GIVE WAR OR DATES)	220-14-		17 INFORMANT Haywood 1	Barnes 2312	Madiso	n Ave.
Conditions, if ony, which gave rise to immediate couse (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IINAL DÍSEASE OR CONDITIOI	N GIVEN IN PART	No
NOI DATE OF OPERATION	19b. COND	TION FOR WHICH (DN WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FIN CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER, NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART	2)
WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
22a I certify that (I) (this hose sow the deceased alive a abave, (I) (we) (did) (did n	n 7	10			death occurred an the date an	E-1	
226 SIGNATURE COM	-			ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	- 3/	TE SIGNED
Philip	Konit						
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	3/13			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Randalla	COUNTY	STATE

King Park

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corbon pape with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or remaval.

TENDING PHYSICIAN: The law

IMPORTANT: If them 21 is marked or Item 18 shows any

24. FUNERAL DIRECTOR James A. Morton & Sons 1701 Laurens

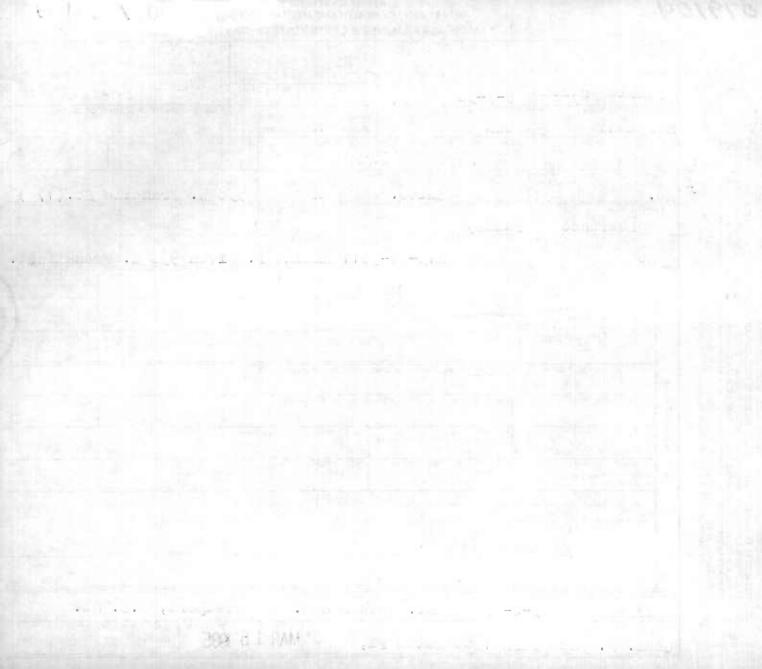
Randallstown Md

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a DATE REC'D.



T	80049	1.	FOR STATE				MENT OF H	EALTH.	ARYLAND AND MENTAL H	11.8.5	0.	7	3 5	2
1			REGISTRAR		MEI	DICAL	EXAMINI	ER'S CI	ERTIFICATE C	OF DEATH	REG. NO.			
	B		CEASED NAM	E FIRST		MIDDLE		L	AST	20. DATE	KNOWN [X	HTHOM	DAY YEAR	2b. HOUF
	W & S & E		LOKEKINI	Earle	ene			Bai	nes	OF	ESTI- MATED		16/19 8	5
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS FATER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE AGGES 1. 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED SA & BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEVITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	RS IF UND	ER 1 YR. IF UNDER			MONTH	DAY YEAR	1:39
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	PAGE PAGE PAGE	10 CI	TY OR TOWN	of DEATH	11. NAME OF HOS (IF NOT IN SUCH FAI 900 B	CHLITY, GIVE	URSING HOME, STREET ADDRESS) Brooks I		RINSTITUTION	12a USUAL OCCU FOR MOST OF WOR		F WORK	26. KIND OF BU OR INDUST	
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WD		14. FA	ATHER'S NAMI		MIDDLE		LAST		5. MOTHER'S MAID	ENNAME	IDDLE		LAST	
A,	SE PA		Herbe	ert	W	inch	ester		Theresa	"		Snow		
MO	SORA	16a. V	VAS DECEASE	DEVER IN U.S. A	RMED FORCES?	16b. SO	CIAL SECURITY	NO. I	7. INFORMANT		ADDRESS	1-77-35		
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60			18 CAUSE C	F DEATH (Enter o	only one couse per line	for (a), (t	o), and (c).)						APPROXIMAT	TE INTERVAL
ZST	NE SE	111	PARTIDE	EATH WAS CAUS	ED BY: ATE CAUSE (o)			Vound	of Head				BETWEEN ONSE	ET AND DEATH
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201			lying cau	use last.										
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XEC		CERTIFICATION	19a, DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERA	TION WA	S PERFORMED?				ZO AUTOPSY	(2)
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	(VR A15 ME (5))	W	m C Ma	arch F/	H Inc. 1	101	E Nort	h Av		AR 1 9 1985	الا بيماء بر	anden	- Handa	

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			CEASED NAME	FIRST		MIDOLE			LAST		20 DA	TE KNOWN	MONTH	OAY YEAR	2b. HOUR
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	ラビュウニ	3. SE)		4 RACE	S DATE OF BIRT		6. AGE IN YEA		DER 1 YR.	IF UNDER 2		ATE	MONTH	DAY YEAR	2d HOUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	JRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES 1 AI DIVISION OF	(Y	ES, NO, OR UNKNO	WN) [IF YES, GIVE	WAR OR DATES)		3-80-5				C) the same				a.
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TON				IMMEDIA	TE CAUSE (o)		SEQUENCE C		111						
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NO NO	THIS CERTIFIC WRITING TH WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MEDICAL	CONTRIBUTION 21d. INJURY C			P.M.	19	211 100	ATION						
N N	RITIN RETIN REDED SE 3 S SE 3 S TE DEI	MEC				ACTORY, FARM, E			REET		CITY O	RTOWN	COUN	ATY	STATE
	FR: THIS CERTIFICATION ATE, WRITING THE VORWARDED TO THE WE PAGE 3 SHOULD HE STATE DEPARTMEND, 21201 PRIOR TO		AT WORK	AT WORK							4754				
	ND, ND,		22s I certif		ge of the remains o	described obc	ove, held on	Autops	y 📙, _	Inspection	XX, Inqu	oiry L	ond in my opir	nion	
	STIFING BE		deoth resulte	d from:A Natu	rol couses XIX	Accident	L, Suid	ide .	Homi		Undetermined	monner].		
	WAA.WA		ACTUAL	WA	12to	neu	4000			SPECIFY)			DATE	3-4-8	25
	SHCALL SHCALL		SIGNATURE_	han	4	N . O	LUC		D. ASS		MEDICAL E		SIGNED	3-4-0	3
	TING TO THE TANK THE	17	EXAMINER'S I	MAME ME	argarita	A. Kor	rell,M.	D.	ADDRESS_	111 P	enn Sti	reet			
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	23a.B		ION, REMOVAL			NAME OF CEM	ETERY OF	CREMATO		23d. LOCATIO	12		Y = 3 = 51	TATE
07/84	BP	E	Burial	1	3-8-85	M	t. Aul	ourn	Cem	•	West	port,	B. C.	Md.	AIE
25M	DHMH - 17	24. F	UNERAL DIREC		AODR	ESS ~					C'D. BY REGIS	/ ('	F	15.3	
	(VR A15 ME (5))	Ch	nas. A	. Rice	FSPA 13	500 Eu	itaw P.	1,		MAR 1	5 1985	V. Mari	Lill discon-	- Mandake	



X.	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	/263
USIZU1		CEASED NAME FIRST OR PRINT) HESTER	E .	BARRETT	20 DATE OF LEATH MONTH DA	85 4:15P M
ector, po		emale	Black	5. DATE OF BIRTH	77 YRS.	FUNDER I YEAR IF UNDER 24 HRS
deoth. Pourerol di		OUNTRY) MD	76. CITIZEN OF WHAT COUNT USA	MARRIED NEVER MARRIED WIDOWED DIVORCED X		MD.
be filed with	BA	TY OR TOWN OF DEATH LTIMORE CITY	(# ANTON MEWO!	RELACTION OF OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MAKTLAND 2120 INCOME AND	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUL		more YES X NO [13e.STREET ADDRESS / ZIP CODE 2422 Barclay S	St. 21205
MAKTL ompletel ond 2 s	14. FA	THER'S NAME FIRST Mose	MIDDLE LAST Wate	ers Ella	MIODLE	ith LAST
mond co		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GI	WE WAR ORD ATES	ECURITY NO. 17. INFORMANT 0-3241Helen Moye	r 1431 E. Eager	r St.
Tr, BALT Inficote the physicio mpopers impovol. event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b ED BY: ACC	ond (cl.)		BETWEEN ONSET AND DEATH
death cer offending ove carbo ove carbo		Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF		10 days
by the cose remote		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		Bowel	4 wks.
RDS, 20 equires 1 n signed Then ple r to burio	NOI	PART 2. OTHER SIGNIFICANT	Chronic Re	TO DEATH BUT NOT RELATED TO THE TERM		N IN PART 1(0
The low or sicion. Sicion. Sicion. Sit permit. Signer prior shows only	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITA HYSICIAN: The ding physicio is certificate is buriol-tronsit. Aburiol-tronsit or them 18 shoot or them 18 shoot in the physician is shoot in the physician in the ph		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI I OR PARI ?)
IVISION JG PHYS offendin ter this c s the bur n and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR: Af for use o of Health	-	saw the deceased alive or	ottol attended the deceosed from Mar. 5	om Feb (c 19 85 9 85 , and that in (my) (aur) aprinion	death occurred on the date and hour	9
AL OR A the hos AL DIREC detoched detoched ore Dept. IT. If Irem		225 SIGNATURE	D. Weiner	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-5-85
TO HOSPITAL of retoined by the TO FUNERAL E should be detoined in the Store E IMPORTANT. If		Susan G. WEI		22e ADDRESS UNION MEMO	ORIAL HOSPITAL	
BP CHR X	23a B	BURIAL, CREMATION, REMOVAL SPECED TO SPECED	236. DATE 3/11/85	Baltimore Cem.	23d. LOCATION CITYORTOWN Baltimore	COUNTY MD STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	-	INERAL DIRECTOR	F/H 1101 E.	25c. DA	TE REC'D. BY REGISTRAR 25L REGISTR	AR'S SIGNATURE

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIER.

Julia Davidson-Randelle

		REGISTRAR				CEKITE	ICATE OF L	PEATH	REG. N	10.		
		CEASED NAME OR PRINT)	First		MIDDLE		ervill	e	26. DATE OF DEATH March	26,	1985	26. HOUR 10:4,5a
	3. SEX	Male		A RACE Black		S NOW MONTH	-	1919 19	6. AGE (IN YEARS LAST BII	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATEORF COUNTRY) Virginia	OREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER /	WARRIED		imore		MD.
0		Baltimore		9"32" 1	HOSPITAL, NURSIN HEACILITY GIVE STREET ROSEO	rale		TITUTION	Brickla	ON pr working to yer	12b. KIND OI INDUSTRY	F BUSINESS OR
5	Ma	al residence (IF NURS) STATE aryland	13b COUN		130. CITY OR TOW Baltimo	'N	13d INSIDE C	NO 🗆	13e.STREET ADDRESS 932 Rosed			21216
C		oseph	,	AIDDLE	Baskery		Luv	s maiden na/	WIDDLE		LAST	
-	()	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU 227-20-		Earn		a Baskerv			•
		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the	(b)	R AS A CONSEQUE		and				2.7	ithe
P	CERTIFICATION	PART 2 OTHER SIGN			ONTRIBUTING TO				20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED
7	MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	m. MONTH D. M.	AY YEAR		v (C	RED (ENTER NATURE OF INJ			140
	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WORK	III.E	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATR		CITY OR TO	NWC	COUNTY	STATE
		22a. I certify that (1) sow the decease above, (1) (we) (a	ed olive on,	3	19			(our) opinion	death accurred on the c	late and ha		that (1) (we) lost couses stated
		226 SIGNATURE Philip	5/6	mto				ATTENDING	MEDICAL STA		3 /	16/85
		220. PHYSICHAN'S NA	1,pK	units			²² 7 30 ^{8ES}		rton Stre	eet		(
	BU	BURIAL, CREMATION,		236. DATE 4/1/8	35 AH	RBUTU	ATA MATA	ORIAL	ARBUTUS		LTO.co	
	MA	THE HARCEP W	,JON	ES,JR/	41010 EI	DMONI	SON A	VE AP	R 1 1005	10	TRAR'S SIGNATI	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR-

should be detoched for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT. If Hem 21 is marked or Hem 18 shows any

PER LOS

A TOTAL

military English

THE STATE OF

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGE

11.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR
(TYPI	CHRTS	TOPHER		ват	SON	MARCH 7	1985		3 - 35 AM
3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF (UNDER 1 YEAR	IF UNDER 24 HRS
	Male '	White		Jan			YRS. 1	7	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	U.S.	A .	MARRIE WIDOWE	D NEVER MARRIED X	BALTIMORE CITY OF			MD.
3 _I	BALTIMORE	THE J	OHNS HO	G HOME (ADDRESS) PKIN	S HOSPITAL	12a. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF N/A		126 KIND C INDUSTRY N/A	OF BUSINESS OR
130.		OR OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	134. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 513 James		31	6078
(D)	ATHER'S NAME FORST Ronnie	MIDDLE	Batson	ı	15. MOTHER'S MAIDEN NA FIRST Kimberl	y MIDDLE		Wr	ight
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		
-	No	ONE WAR OR DATES!	N/A		Ronnie Batso	on Same a	s # 13		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per	line for (a), (b), and	dieti		- **		BETWEEN	ONSET AND DEATH
		ISED BY: IATE CAUSE (a)	asysto	le_				SON	ne
	IMMED								
	C IV II		40	veeks					
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.		RAS A CONSEQUE	NCE OF	ionemic co			since	e birth
NO.	PART 2 OTHER SIGNIFICAN	T CONDITIONS C		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE)ITION GIVEN	IN PART I	0
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	MM	COUNTY	STATE
	220.1 certify that (1) this has sow the deceased alive above (1) (we) did (did		the same of the sa	CI-	nd that in (m) (aur) opinian		7, 19. ite and hour a		that (1) (we) last couses stated
	22b. SIGNATURE Debre	Risi	in, m	J.D	DEGREE ATTENDING PHYSICIAN [MEDICAL STAR	F IAN 🗶		SIGNED
	224 PHYSICIAN'S NAME (TY	PE OR PRINT)			Johns t	topkins t	imore,	Md.	
	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	3/11/	'85 R	se H	ill Cemetery	Tallassee		more	Alabama
24 F	UNERAL DIRECTOR	1 0/11/	or inc	, JC 11.		E REC'D. BY REGISTRAR			

DHMH - 16 50M 4/83 (VRA 15, 4)

Leroy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

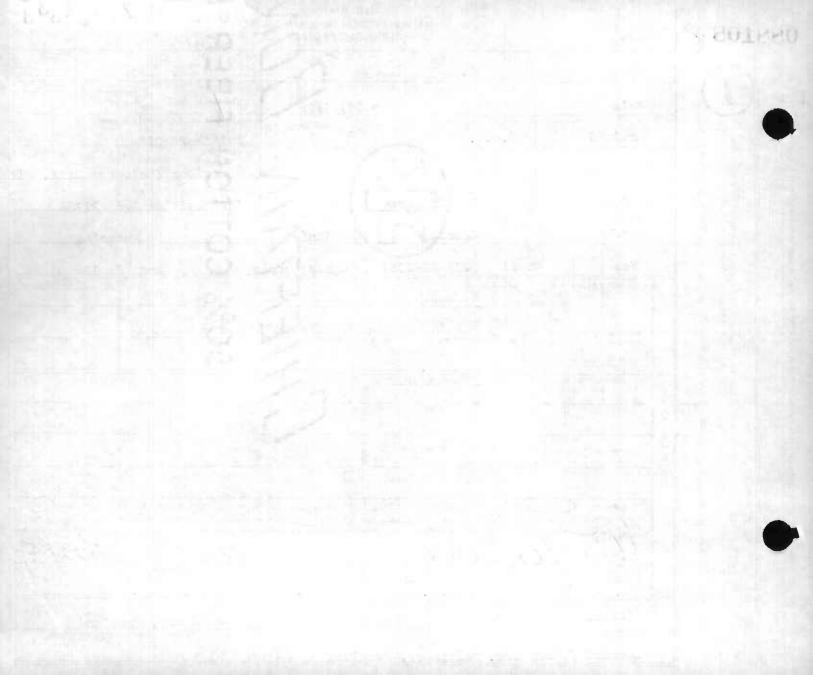
" a Tairidan Bondon



Leonard J Ruck Inc. Baltimore, Maruland

DHMH - 16 60M 7/84

(VRA 15, 4)



10		TUN STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE S	0/20%
noy be poge 3 r deoth	(TYPE O	ASED NAME FIRST	7	Bea	ast ird	20. DATE OF DEATH MON	2285 1115A
4 mo	3. SEX	Male	Black	5. DATE C	DAY 1893	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
death. Page	CO	MARYLAND	76. CITIZEN OF WHAT COUN	MARRIE	DIVORCED	Balting	are City ME
hours offer be	Ba	OR TOWN OF DEATH It imere RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	Franco S	cent Key Hesp	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	Laborer
ly filled in spenid be	13o. ST	ATE 131 COUN	TY 13c. CITY OR WHITE	TOWN	13d. INSIDE CITY LIMITS? YES NO X		21162 ED LION ROAD
S complete	/		MIDDLE BEA		REBECCA	MIDDLE	MYERS
be exect by S. Poges			E WAR OR DATES)	SECURITY NO. 4 9991	MRS. EISTE	ROBINSON 6318	21 239 3 SOUTHWOOD ROAD
g physicione removal.	1	 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIAT 	ly one couse per line for (o), (i D BY: E CAUSE (o)	b), and (c).) ac Acre	st		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 min.
by the offendin ose remove cort		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	0 3 2	degree Burn		48 Ws
the low requires than no has been signed permit. Then plea permit approach on the prior to burion awas ony injury, or	S S	PART 2. OTHER SIGNIFICANT OF AZUTE REAL PROPERTION	ONDITIONS CONTRIBUTING	Jess.5		20a AUTOPSY? 20	DN GIVEN IN PART 1(0) b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \(\text{NO} \)
HYSICIAN: II ending physicia this certificate he buriol-tronsit and Mental Hygin d or Item 18 sh	CAL	TIG. ACCIDENT WAS UNDERLYING TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER TIG. INJURY OCCURRED WHILE TO NOT WHILE T	TH HOUR MONTH	20 86	21c. HOW INJURY OCCUP BUT POST 211. LOCATION STREET		
A ATTENDING hospital or off RECTOR: After ed for use as the pt. of Health of	2	20.1 certify that (I) (this hospit sow the deceased alive on, above, (I) (we) (did) (did not) 20.5I@NATURE	3/22	19 <u>85</u> , or	d that in (my) your opinion	White Ma	19 55 that (I) (we) last that how and from the course stated
TO HOSPITAL OR TO FUNERAL DIRE should be detoches with the Stote Dept		RH Schus		ms	CONTRACTO SE	Staff DIRECTOR PHYSICIAN	1 2/2/0-
BP		RIAL, CREMATION, REMOVAL BURTAL	3/26/85		CEMETERY CEMETERY	HA LOCATION CITY OF TOWN WHITE MARS!	H (BALTO.) MD.
DHMH-16 30M 2/80 (VRA 15, 4)		IERAL DIRECTOR LEWIS T. GWYNN			250. DA	TE REC'D. BY REGISTRAR 25b.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

whenis Edwarf Peared IP EPA IL S Harld along X 10 W Cardina

regional bridge May and Eller and the state of

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03 2285 11154

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21239

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

081203		- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.										
a Gip	I DE	CEASED NAME FIRST FOR PRINTS HELET	N BUXTON	BEATTY	20. DATE OF DEATH	MONTH DAY YEAR	8:42 Pm						
	1.5E	Female	Cavcasian	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE MONTHS DA							
11 18		MARYLAND	76. CITIZEN OF WHAT COUNTRY	MORE C	TTY MD.								
1 11 18		BALTO.	II. NAME OF HOSPITAL, NURS IIF NOT IN SUCH FACILITY, GIVESTRE LUNIVERS ITY	OF WORKING LIFE) INDUSTI	126. KIND OF BUSINESS OR ENDUSTRY DEPTSTORE								
BS BS	11a. :	AL RESIDENCE (IF NURSING HOME OR STATE)		TO, YES NO	13e STREET ADDRESS	/ ZIP CODE	21212 + Rd						
1 1300		GEORGE	N. BUXTO	N SESS	• MIDDLE	ALDWIN	yLAST						
be essent			wed FORCES? 166 SOCIAL SEC WAR OR DATES! 213-30	-9543 Mr. L.W. Beat	ty 114 Ceda								
p plysic on page temoral event, th		18 CAUSE OF DEATH (Enter onl) PART 1. DEATH WAS CAUSED IMMEDIAT	APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH									
e deoth a nove cort ofton, or troumotte		Conditions, if any, which gove rise to immediate	Н.	0475									
ed by the sleose reriol, crem		couse (o), stoting the underlying couse lost	y.	cars									
require	FICATION	Sideroblasti	Anemia	<u>O DEATH</u> BUT NOT RELATED TO THE TER									
cron. cron. sir permi	CERTIFICA	19a. DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO X	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	NO _						
SICIAN: ng physical properties of the series	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	n						
offer this os the but though the orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E FARM ETC) 21f LOCATION STREET	CITY OR IC	OWN COUNTY	STATE						
ATTENDI ospitol or CTOR. A d for use t of Heol		22a I certify the (I) this hospit sow the deceosed alive on obove (I) (we) (did) (did not	3/2/85 19	05	to 3/2/25	, 19 <u>25</u> lote and hour and from t	he couses stoted						
by the hore by the hore ERAL DIRE edetocher State Dept ANT: If her		B Z J	FF CIAN [] 27c DA	2/35									
CO HOSPITAL etoined by 1 TO FUNERAL should be del with the Stote		B. L. Jenk	ins MD	220 ADDRESS 22 South	Greene St.	Baltimore	, Nd						
BP	- 1	Burial Burial	12/1/2-1	RAME OF CEMETERY OF CREMATORY Baltimore National	23d LOCATION CITY OR TOWN Baltimor	е	state Md.						
DHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR NAME tchell-Wiedefel	d Home 6500 Yo	0.00	TE REC'D. BY REGISTRAR	125b. REGISTRAR'S SIGN	ATURE						

HELEN B- BEATTY 3/2/85 8:42A tende (about 1/2/10/ 84 PURPHIND USA SALTIMORE CITY EALTO LUNIVERSITY OF ME HOSP SALES-CLUTE DEPT STOKE MD BALTO. V 114 Coducteft Rd. GEORGE BUXTON JESSIE BALDWIN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN-CERTIFICATE OF DEATH

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1	moy be	1	1
2	00e 4	A a)
	4	1	100

injury, ar other troumatic ex morked or Item 18 shows any

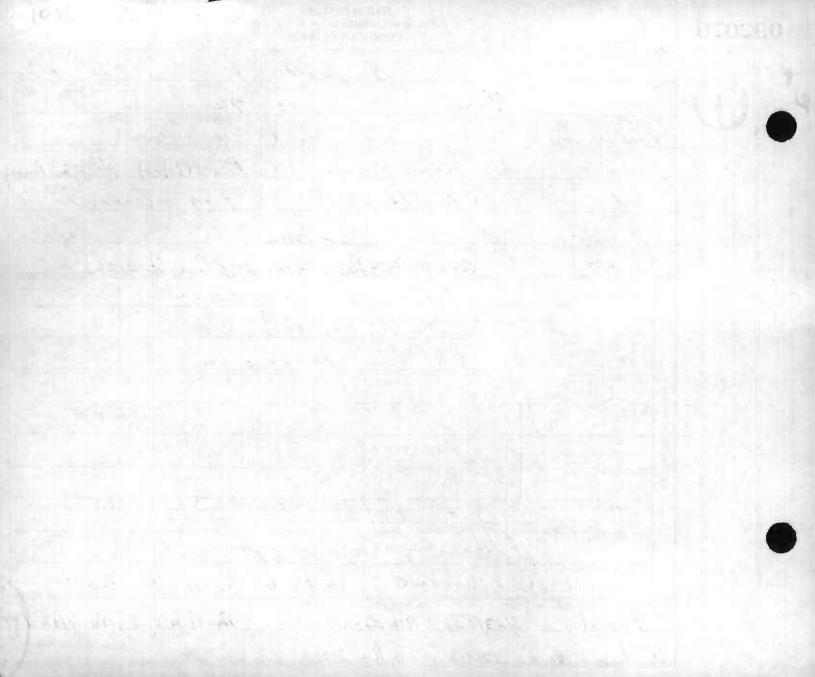
pletely filled in by the ind 2 should be filed TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physic should be detached for use as the buriol-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If Item 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

Co.	REGISTRAR		CERTIFICATE OF	PERIII	REG. NO	D				
	CEASED NAME FRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR			
(TYPE	OR PRINT)	IAH	Beckn	ith	3		3 9- gm			
3. SE	x	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		DAYS HOURS MIN.			
	Hace	Negro	MONTH DAY	YEAR 13	72.	YRS	DATS HOURS MIN.			
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF DEA	тн			
N	orth Chouna	U. S. A.		NORCED (Bacto.	City.	MD.			
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	NG HOME OR OTHER INS	NOITUTIT	TYPE OF WORK FOR MOST Q		IND OF BUSINESS OR			
1	Jaimine .	BON Jecom	11 -1		Keling ()	about) He	Estimated Themas			
USU,	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		CITY LIMITS?	13e STREET ADDRESS	ZIP COPO	BA223			
	Hd.	Cityes	Backer YES 14	NO 🗌	2091	V. Care	4 /+.			
14. FA	THER'S NAME	MIDDIE / LAST	15 MOTHER	'S MAIDEN NAM	NE MIDDIE		LASS			
	Furman	Beckelly	16.	PANNE			l'age			
	VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORM	ANT	ADDRE	SS				
. (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 242-24-	-9504 HNNie	Hobbs	209 N. Care	St. 2128	23			
		nly one cause per line for (a), (b), and	d (p.)		1	A BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH			
(2)	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	did pulm	of money	WVVES		FE 5 7 1 1 1 1			
	AND THE RESERVE OF THE PARTY OF	DUE TO, OR AS A CONSEQUE	ENCE OF	1 1						
	Conditions, if any, which (b) me tostate prostate (a.									
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cause last.	DUE TO, OR AS A CONSECUE	Vinna p.	herm	more					
	DADI 2 OTHER CICALISCANT	CONDITIONS CONTRIBUTING TO I	DEATH BUTTOT BUATE	D TO THE TERM	NAL DISEASE OR CONT	DITION CIVEN IN D	A DT. Luc			
NO O	(R) lin	a Athlesto	OC LC	D TO THE TERMI	IVAL DISEASE OR CON	DITION GIVEN IN FA	KKI 110			
Ī	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, WERE I				
CERTIFICATION					YES NOW	YES [AUSES OF DEATH?			
8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		VJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM TE PART I ORP	ART 2)			
	OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCAT	ION						
¥.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F			CITY OR TO	wn cour	NTY STATE			
	AT WORK - AT WORK		- (/)	V V	/	19 8	<u> </u>			
	saw the deceased alive ar	nital) ottended the deceased from	85 and that in (my) (aus) apinion d	eath occurred an the de	19.00	that (I) (we) lost			
	abave, (I) (we) (did) idid no	at) view the bady after death	. Ving that in (in)	/ (our) apinian a	eath occurred an the ac					
	226. SIGNATURE	10/1/	DEGREE	ATTENDING (MEDICAL STAF		DATE SIGNED			
		aroung) all	PHYSICIAN X	DIRECTOR PHYSIC					
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRE	SS	0 11	C1 1	1./			
	in sveeling	D. Albuern	e 119	40 W.	· Br/to.	St. B	110.			
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4/3/85

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Loudon Park Cemetery

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore

COUNTY

7h HOUR

12b. KIND OF BUSINESS OR

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Cooper

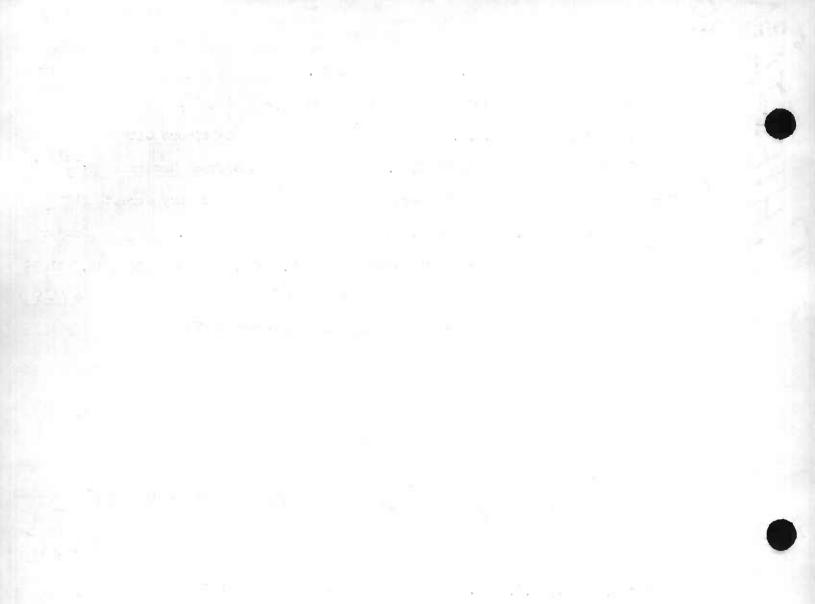
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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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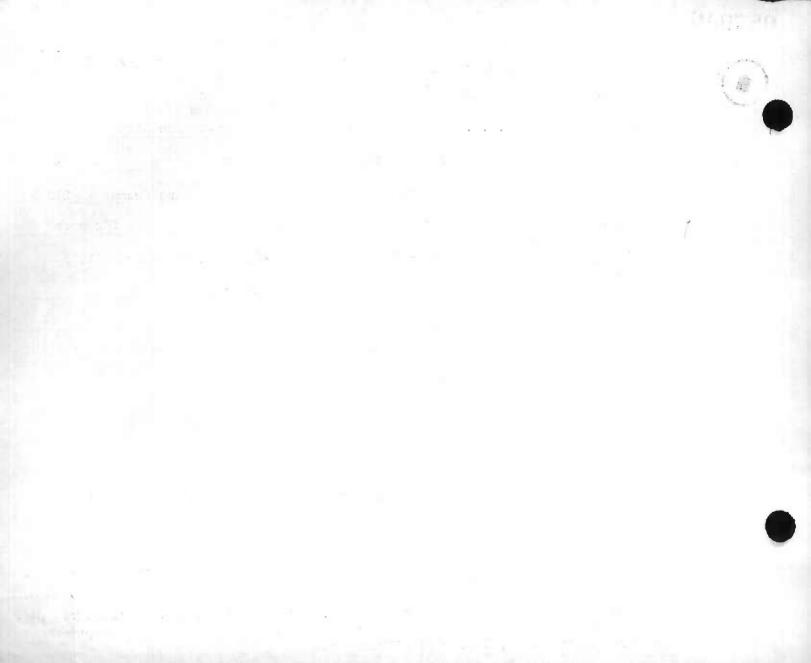
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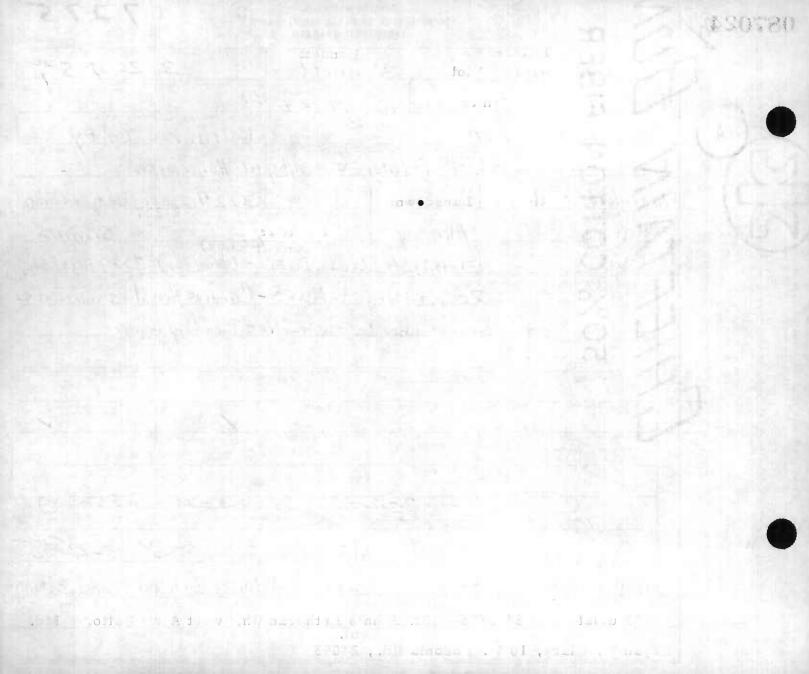
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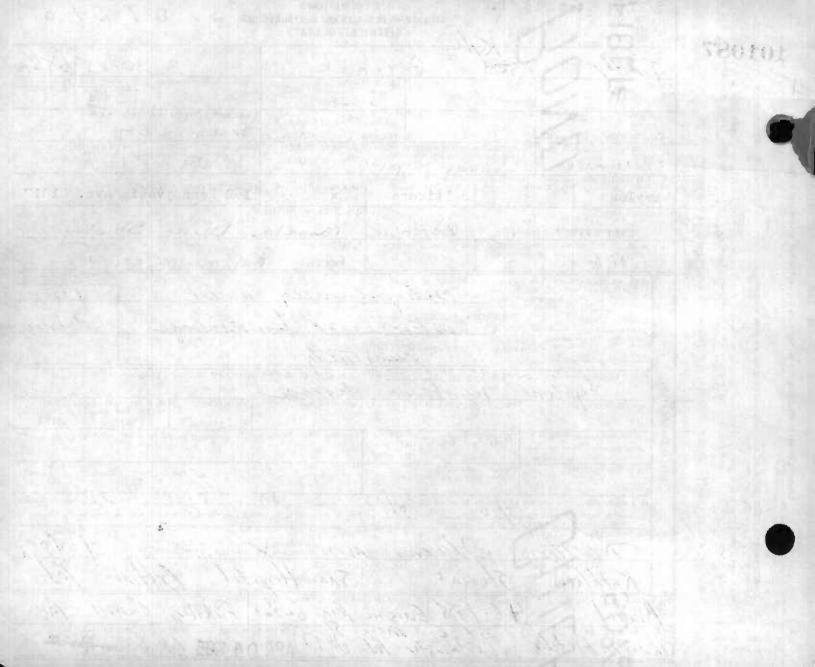
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278.1 certify that (I) (this hospital) attended the decessed from 19 5, and that in (my (our) opinion death occurred on the date and hour and from the couses stated obove, II (we) and II	OF CIAN phy phy roll from 18 mm 18	OR COLUMNIC CONTRACTOR OF THE	All I	DAY YEAR		
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278.1 certify that (I) (this hospital) attended the decessed from 19 5, and that in (my (our) opinion death occurred on the date and hour and from the couses stated obove, II (we) and II	IVISI IG PI other the s the r ond rked		(AT HOME STREET, FACTORY, OFFICE	FARM. ETC) STREET	CITY OR TOWN	COUNTY STATE
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DEGREE 270. SIGNATURE 200 DATE SIGNED ATTENDING MEDICAL STAFF 200 DATE SIGNED	Spiro	sow the decased alive o obove, (1) (we fidid) (did n	ot) view the body ofter death	ond that in (my lour opinion	death occurred on the date	and hour and from the couses stated
	0 . 0 . 0 .	226. SIGNATURE	1- 11 114	7.4		22c DATE SIGNED
Specific address Malinda H. White Court Rolling Control Hocard Rollinge		Malm	19 H. WW	PHYSICIAN [NE 3-20-85
I THE RESERVE I I WANTE WAS THE WALL THE WAS T	OSPI led be ld be the S	224 PHYSICIAN S NAME (TYPE	OR PRINT)	220 ADDRESS	11	111 11 + 14
Of Off of the Court of the Cour	0 to 0 to 4	Illalinda	MINITE	120 MAN Ral	timore wen	eral Hospital, Baltimore
1206. SORIAL, CREMATION, REMOVAL 230. DATE 230. DATE 230. DATE 230. LOCATION 2 COUNTY STATE CITY OF TOWN COUNTY STATE		(SPECIFY)			CITY OR TOWN	COUNTY STATE
BP Burial 3/23/85 St. John's Lutheran Ch. Sweet Air Balto. Md.	Rh		3/23/85 S			
OHMH-16 60M 7/84 (VRA 15, 4) Bryan W. Clary, 10 W. Padonia Rd., 21093 MAR 2 2 4005	DHMH - 16 60M 7/84		ADDRESS.		TE BEC D. DI REGISTRAR [3]	NEOISTRAR'S SIGNATURE



	5/21/85 Item #13 L.J DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIEN	5 07276
	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG, NO.
101087	I. DECEASED NAME FIRST	LAST 26. DA	TE OF DEATH MONTH DAY YEAR 26 HOUR
1 11		Berchock	3 30 85 453.
on a special or an angle of	SÉX M 4 RACE	5 DATE OF BIRTH MONTH DAY YEAR 3 28 85	(IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI YRS. 3
2 12 8	70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTED		TIMORE CITY OR COUNTY OF DEATH
1 16 \$25	Beltimore Maryland 45/4	WIDOWED DIVORCED D	eltimore Gity
1 1 1/2	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION 120 U	SUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE! INDUSTRY
S X Am	WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	
1	Many Aand Baltin	more YES NO 16	REET ADDRESS / ZIP CODE 2 Pennsyvania Ave. 2121
(TECK TO	14. FATHER'S NAME ON MIDDLE LAST	15. MOTHER'S MAIDEN NAME	MIDDLE
13 143年1877	Berchockenor (1): Ber	chock Pamela	Dawn Shiplay
1 11 11	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	0.0	ADDRESS
1 14 1/	NA	Adams, Since	Hospital Record
es that the death sent and by the attending p please remove surban- urial, cremation, or rem y, as other traumatic eve	DUE TO, OR AS A CONSECTION OF THE CONSTITUTION	ouence of Drematurely	ISEASE OR CONDITION GIVEN IN PART IID
The state of the s	& heraline member	me diseases	
the bear of the be	JH .	ICH OPERATION WAS PERFORMED 200	AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
S S S S S S S S S S S S S S S S S S S	710, ACCIDENT WAS UNDERLYING 710, TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PART (OR PART 2)
otherding otherding tue this cer is the busing hand Meni	(IF ETHER NOTEY MEDICAL EXAMINER) P.M., 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK THE ETHER NOTEY MILE AT WORK AT	21f LOCATION SIREET	CITY OR TOWN COUNTY STATE
ATTENDIR AUTENDIR CTOR A 1 for view 1, of Healt 1, 15 mg	22a.1 certify that (1) (this hospital) attended the deceased fro saw the deceased alive an above, (1) (we) (did) (did not) view the body after death.	9, and that in (my) (aur) apinian death a	ccurred on the date and hour and from the causes stated
Pat Ok Rai Dill Satoria Depresentation	1226 SIGNATURE DELIVER DELIVER		OICAL STAFF CTOR PHYSICIAN 3/30/85
O HOSP round to hould be whosta	Rathleen Stevens	Sinai Hospita	1 Belfinson Mid.
BP	Barial 3-6-1985	Eurgene Man. Gardens	LOCATION CAPPY/ Right
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR ADDRESS	ALL SILY ADD OF	BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	1		STATE OF MARYLAND	2 / 9
086123	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN? CERTIFICATE OF DEATH REG. NO.	4, 4
	1. DE	CEASED NAME FIRST CONTACT CONT	JIE BEVERLEY 3-21.	-85 4-100 PM
Page 4 mon director, pe director offer d	3. SE	MALE	A RACE White S. DATE OF BIRTH MONTH MONTH MONTH YEAR 6. AGE (IN YEARS LAST BIRTHDAY) WONTH YRS.	HOURS MIN.
th 12 2 20	1	MRGINIA	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED DIVER MARRIED 9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY OR COUNTY OF BALTIMORE.	CILY MD.
by the filed win		BALTIMORE	BON SECOUR HOSPITAL RESTAURANT CUR!	26. KIND OF BYSINESS OR NOUSTRY RCS THURBU
within 24 hour	*13a. :	TATE MOL 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY 13d. INSIDE CHTLIMITS? 13e. STREET ADDRESS / ZIP CODE 15 NOTHER'S MAIDEN NAME	-Aue 2122
P E SOL		unk	MIDDLE LAST FRANCIS MIDDLE Z	Beverley
be execution and c		VAS DECEASED EVER IN U.S. ARI (15, NO GRUNKNOWN) (1F YES, GIV	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT JACKIE Beverley 7.	21224
is that the death certificate be executed by the attending physician and calease remove carbonpopers. Pages (ia), cremation, or removal.		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSCOUENCE OF REVEN Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires signe Then p to bur njury,	TION	ASCUD	DUE TO, OR AS A CONSEQUENCE OF MILLUTS TYPE J. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II	
NN: The low rehysicion. Icote has beer ronsit permit. Hygiene prior 18 shows ony	CERTIFICATION	190 DATE OF OPERATION	YES NO YES YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
HYSICIAN: The Inding physicion is certificate has buriel-tronsit per I Mental Hygiene or Item 18 shows	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M. 19 71e PLACE OF INJURY 21L LOCATION	
OING Plant After the os the olth one morked	W	WHITE NOT WHITE AT WORK 220.1 certify that (I) (this hospi	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN 10) ottended the deceosed from 19 19 19	COUNTY STATE
OR ATTI OR ATTI DIRECTO coched for Dept. of If them 21		sow the deceased alive on above. HTWW (did) (did no 77h. SIGNATURE	19 / ond that in (my) (our) opinion death occurred on the date and have and have an DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	d from the causes stated 22c. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deturned to the Store important.	722	224 PHYSICIAN'S NAME THE O	A BELTRAN 1940 W BALTIMORE ST	BACTE.
BP		BURIAL CHEMATION, REMOVAL	3-25-85 Bethe Baptist CARRO // Cou.	NAY MALYLAN
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	JANDRESS CONTINUE STATE OF THE PROPERTY OF THE	DO NATURE /

Continues Cis

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181205	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MER ICATE OF DEA	NTAL HYG	IENP 5	0 7	2 1	3	
8		REGISTRAR EASED NAME FIRST		MIDDLE		AST AST	(in	REG. NO 26. DATE OF DEATH	NONTH DAY	YEAR	26 HOUR	
7.5	Link	RUTH	I A	NN 5	В	EMILLER		HI CONTRACTOR	3 8	85	512 AM	
April 1	3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
100		FEMALE	WH	HITE	03	09	07	77	YRS.		MIN.	
1 35		STATE OR FOREIGN MARY LAND		S.A.	? 8 MARRIE WIDOWS	D NEVER MAR		9. BALTIMORE CITY OF BALTIMORE		FDEATH	MD.	
1/40		TY OR TOWN OF DEATH BALT IMORE	(IF NOT IN SU	HOSPITAL, NURSI CH FACILITY, GIVE STREE AGNES H	OSPITA		JTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER	F BUSINESS OR			
0 1 100	13a S	AL RESIDENCE (IF NURSING HOME TATE 13b_CO ARYLAND -		GIVE RESIDENCE BEFO 134. CITY OR TOV BALTIMO	WN	220	0 🗆	13e STREET ADDRESS / 708 DEVONS		OAD, 2	1229	
and 2	14. FA	THER'S NAME FIRST UNKNOWN	WIDDIE	PF IEST	ERER	15 MOTHER'S M FIRS MA		ME MIDDIE ANN		HEMET		
se so lico		AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC		17 INFORMANT		ADDRE	S ANNA	POLIS,	MD.	
icion ond iers. Poge	(,	NO NO	GIVE WAR OR DAIES	212-09-	9240	WILLIAM	L. L	UKE 1103 B		EW DRI	VE 2140	
signed by the ottendin ten please remove carb to burial, cremation, or ury, or other troumotic	Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, (c)	DR AS A CONSEOL	uence of	Arry 2002 Act NOT RELATED TO	thini THE TERM	IN AL DISEASE OR CONE	DITION GIVEN	IN PART 110	2	
hos been to the prior to consony in	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	206 IF YES, VIN CERTIFYII	NG CAUSES		
SICIAN: T ng physici certificate riol-fronsi entol Hygi frem 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	m. month [m.	DAY YEAR		RY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
ottendi ottendi fter this os the bu fth ond M	MED	WHILE OCCURRED NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
ATTENDI ospitol or ECTOR: A d for use t. of Heoli m 21 is m		220.1 certify that (1) (this how saw the deceased alive above, (1) (we) (did) (did			85 , 01		or) opinion o	death occurred on the da	te and have a	nd from the		
by the hu ERAL DIRE e detoche Stote Dep INT: If he		226. SIGNATURE Will 226. PHYSICIAN'S NAME (TYP	wan Ly	del			ENDING ISICIAN [MEDICAL STAF DIRECTOR PHYSIC	IAN	22c. DATE	8 85	
retoined by th TO FUNERAL should be deto with the State IMPORTANT: I		WILLIF	th L.	YAP M	D	ST.	AGNE	., ,,,,,,	L			
	(URIAL, CREMATION, REMOV.				EMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY	STATE DATE A ALD	
BP	LI	TOMBMENT	03-1	1-85	LUU	DON PARK		BALT IMORE E REC'D. BY REGISTRAR	CITI	MA	RYLAND	

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

077038

FOR - STATE

REGISTRAR

Male

Baltimore

Maryland

A FATHER'S NAME

YES, NO OR UNKNOWN)

30. STATE

John

O BIRTHPLACE (STATE OF FOREIGN

Elkins, W. Va.

6. CITY OR TOWN OF DEATH

Oscar

Conditions, if ony, which gave rise to immediate cause (a), stating

210. ACCIDENT WAS UNDERLYING

214 IN JURY OCCURRED

WHILE

OR CONTRIBUTING CAUSE OF DEATH CIFETTHER NOTIFY MEDICAL EXAMINERS

NOT WHILE

saw the deceased alive an

underlying cause

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Oscar

4. RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

18 CAUSE OF DEATH (Enter only one cause per line for (at, (b), and)

IMMEDIATE CAUSE (a)

Bird, Sr.

Baltimore COUNTY

White

Th CITIZEN OF WHAT COUNTRY?

U.S.A.

Bird,

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

216. TIME OF INJURY HOUR A.M. MONTH DAY

P.M.

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

Dundalk

166 SOCIAL SECURITY NO

232-03-6239

Jr.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Francis Scott Key Medical Center

5 DATE OF BIRTH

WIDOWED

DECEASED NAME (TYPE OR PRINT)

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

STATE OF MARYLAND

LAST

Oct. 28,1917 YEAR

MARRIED X NEVER MARRIED

13d. INSIDE CITY LIMITS?

Bessie

17 INFORMANT

DIVORCED |

NO M 15 MOTHER'S MAIDEN NAME REG. NO

12ª USUAL OCCUPATION

Machinist

2b. HOUR 10:00 IF UNDER 24 HRS

20 DATE OF DEATH MONTH March 13, 1985

6. AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City,

12b. KIND OF BUSINESS OR INDUSTRY

TYPE OF WORK FOR MOST OF WORKING LIFE General Motors

13e STREET ADDRESS / ZIP CODE 2018 Ormand Road 21222

MIDDLE

Price

ADDRESS

Mildred M. Bird 2018 Ormand Road, 21222

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

YEAR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21L LOCATION

CITY OR TOWN

COUNTY STATE

our) opinian death occurred an the date and hour and from the causes stated

STAFF DIMECTOR PHYSICIAN

CITY OR TOWN

STATE

BY REGISTRAR 25h, REGISTRAR'S SIGNATURE

ld b DHMH - 16 60M 7/84 (VRA 15, 4)

above (1) (we) (did) (did nat view the bady after death. 22b. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR PRINT) Wyman K. Wong, M.D. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

22a 1 certify that (1) (this hospital) attended the deceased fram

23c. NAME OF CEMETERY OR CREMATORY March 16, 85 Oak Lawn Cemetery

and that in (my) ()

DEGREE

Baltimore, Maryland

ATTENDING MEDICAL

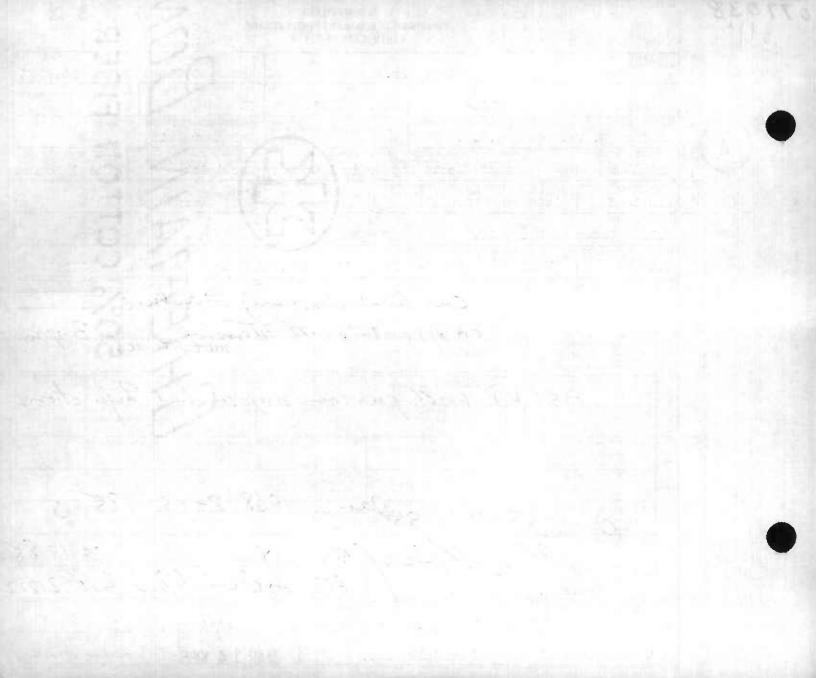
PHYSICIAN I

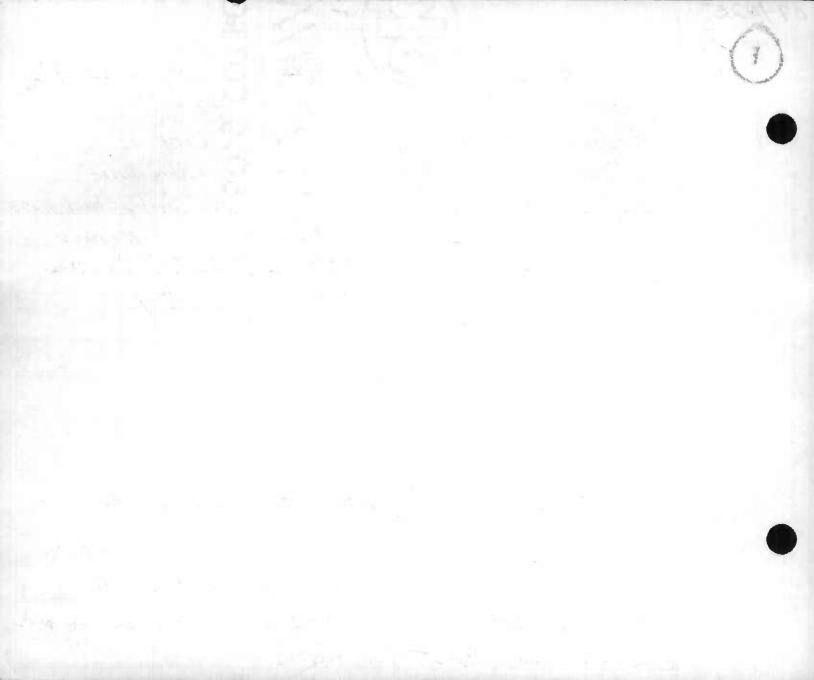
250. DATE REC'D.

24 FUNERAL DIRECTOR

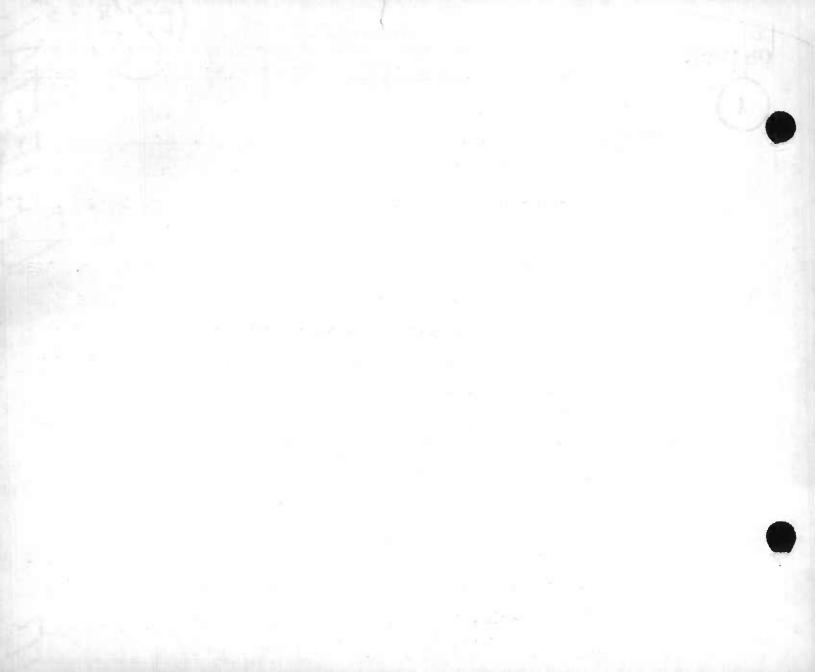
Duda-Ruck Funeral Home of Dundalk, Inc.

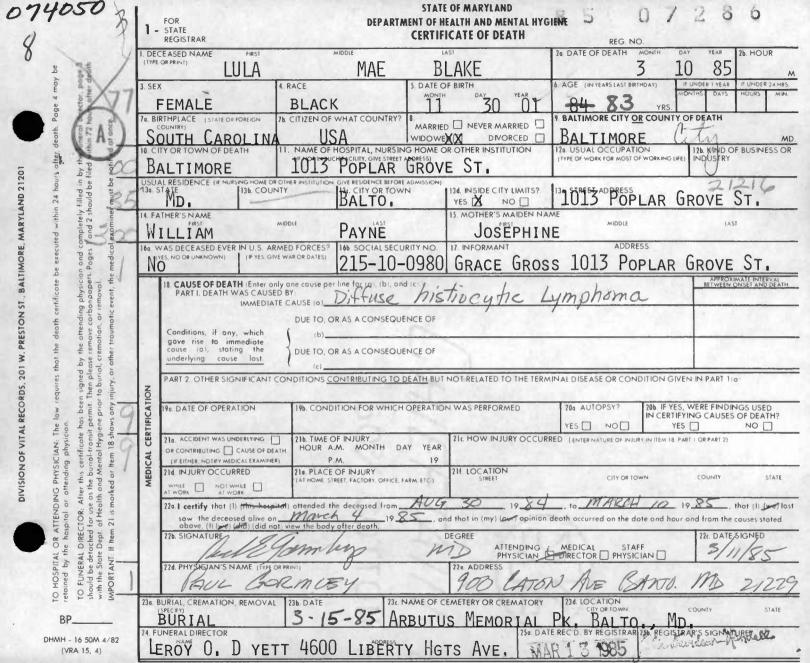
" Davidson-Randolle

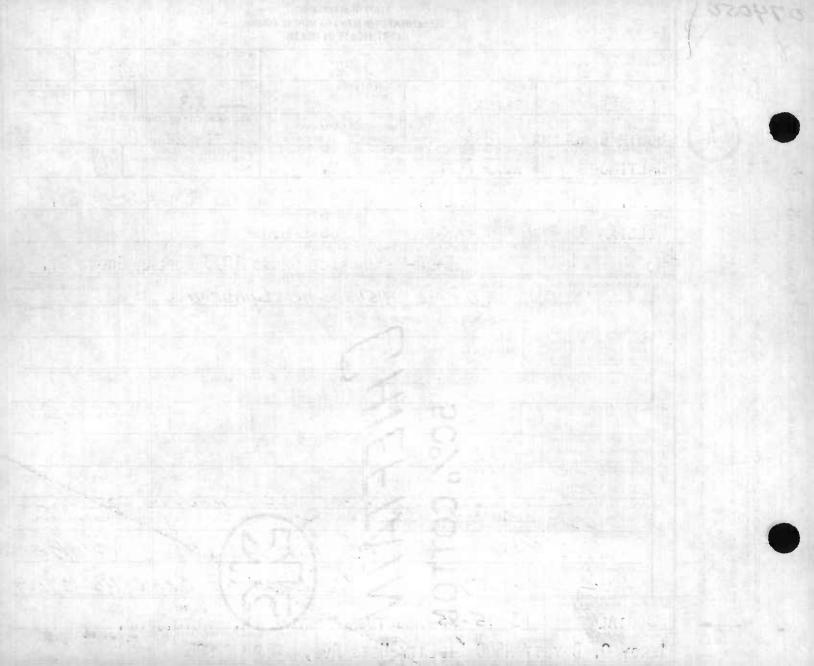




3/1	- S	OR CATE	DEPARTMENT OF	HEALTH AND MENTAL HY		8 4
	DEC	GISTRAR ASED NAME	ARA L'EUDEAN	NER'S CERTIFICATE OF	PEATH REG. NO.	DAY YEAR 76, HOUR
WEET.	CHINE I	Leude		Black	OF ESTI- DEATH MATED 3-2	
STATE OF STA	EX	nak Col		EARS IF UNDER 1 YR. IF UNDER 24 DAY) MONTHS DAYS HOURS A		DAY YEAR 2d HOUR
	100	Th Carolina	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED		Y OF DEATH
N. P. P.	I	GRIOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 23 N. Mount Str	eet	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
	UAL STA			13d. INSIDE (ITY LIMITS?	231. mount	5/223
E 98	1	aseph	Bether	MAYU	MIDDLE STA	LAST ~ G
PAGES I	(YES	AS DECEASED EVER IN U.S. ARM NO, OR UNKNOWN) (IF YES, GIVE W	ED FORCES? (AR OR DATES) 166 SOCIAL SECURIO 217-20-8	238 Ins. Jaura	Rantice 23N. me	Lnt 5T
ERMT.		PART I DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).) BY: CAUSE (a) Hypertensive	Cardiovascular l	Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
WER ALC ANSITP AL HYG REMOV		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	OF		
EXAMPLE STANDON, OR, OR		cause (a) stating the <u>under-lying</u> cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
REMATI		ART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART	1 (0.	
ORDINAL CRE		No DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY? YES NO X
A 140		IN EXTERNAL CAUSE WAS INDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA EATH P.M. 19	R 21c HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	- 44
1201 Palos	MED	MHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	RIF LOCATION STREET	CITY OR TOWN COU	NTY STATE
NAND. 2		220 I certify that I taak charge	of the remains described ubdy. held an	Autapsy . Inspection .	XX Inquiry . and in my apa	nean
E. MAR		ACTUAL Melle	win Ames	MW Assistant		3-28-85
O FUNERAL FORE DEATH ATTIMORE A		XAMINERS NAME Den	nis F. Smyth, M.D.		enn St., Balto., Mo	1. 21201
E < a) The	The	B	10. DATE 12/65 236. NAME OF CE	uties man pa	23d LOCATION COUNTY OF THE COU	m.
- 17 AE (5))	-U	South L. (Russ 22226	nout app	2 - 1005 Like Javidson	
OM 4/B2		- 0				



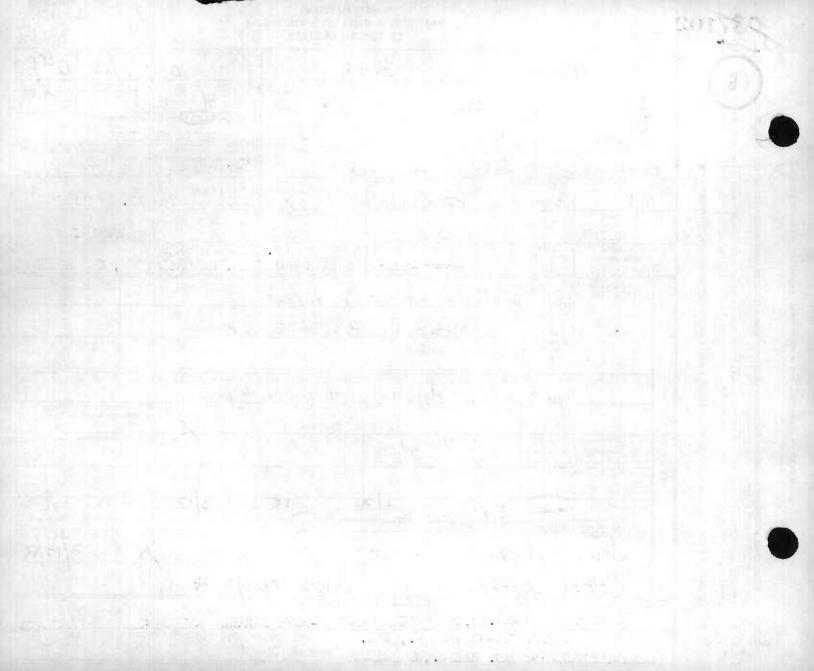




x	1.	FOR STATE		TE OF MARYLAND HEALTH AND MENTAL	HYGIENE ()	7 2 8 7						
/\		REGISTRAR		ER'S CERTIFICATE	OF DEATH REG. N	0.						
081207		CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN X	X MONTH DAY YEAR 26 HOU						
AASE OR S JRS HET,		Leander		Bland	OF ESTI- DEATH MATED	3-6 19 85 MONTH DAY YEAR 24 HOU						
RY, PLEASE DIRECTOR OLR FILES TO HOURS	3. SE	1 NEGRO C	S DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN PRONOUNCED DEAD 3. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN PRONOUNCED DEAD									
WHICH A PARKAL		RTHPLACE ISTATE OR 76 CIT	City, M									
O SOLE O			AME OF HOSPITAL, NURSING HOME NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 902 Rutland Av	PE OF WORK 12b KIND OF BUSINESS								
10 35		AL RESIDENCE (IF IN NURSING HOME OR OTHER TATE)			13. STREET ADDRESS HU	Cland Of 205						
ORE ND COEST AND	14. E	ATTERS NAME MIDDE	BLANGE	15 MOTHER'S MAID	Abell MIDDLE	EVAN S						
AFTER NVE PA NGES ISION	16a \	VI +DI + 3ED EVER IN U.S. ARMED FO E WN) (IF YES, GIVE WAR OR E	PRCES? 166 SOCIAL SECURITY OPTERS)	NO. 17. INFORMANT	rapid Hance	ey 902 Rulland						
		18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:		otic Cardiovas	cular Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
I W. PRESTON ST., D WITHIN 24 HOU PENCIL IN ITEM 18 AMINER ALONG V - TRANST PENMIT - TRANST HYGIENE, OR REMOVAL.			DUE TO, OR AS A CONSEQUENCE (b)									
201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS ON, OR REA	13		DUE TO, OR AS A CONSEQUENCE O	OF .								
L RECORDS, 201 ULD BE EXECUTE! "PENDING": IN F MEDICAL EXA EX A BURIAL HEALTH AND MA AL, CREMATION,	30	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	(c) ITING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN P	ART 1 o							
HALRECORDS, HOULD BE EXECUSED "PENDING" DHEF MEDICAL USED AS A BUJ OF HEALTH AN URIAL, CREMATI	20		Obesity									
L REALLY CO.	K	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?						
SHOULD SH	I H					YES NO K						
S S S S S S S S S S S S S S S S S S S	CAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18							
	MEDICAL	ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21:		22a I certify that I took charge of the death resulted fram Natural caus ACTUAL SIGNATURE		Autopsy , Inspection Hamicide HE (SPECIFY) M.D. ASSISTAN	Undetermined manner,	DATE 3-7-85						
TO MEDIC EXECUTE IN PAGE 4 SE TO FUNER AFTER DEA AFTER DEA		EXAMINER'S NAME (TYPE OR PRINT) Dennis	s F. Smyth, M.D.	ADDRESS 111	Penn St., Balto							
07/84 BP	1	JULIAL 31	11/85 23c. NAME OF CEN	AETERYOR CREMATORY	23d LOCATION CITY OR LOWN DELECT	STATE STATE						
25M DHMH - 17 (VR A15 ME (5))	Z	NAME HO SUNCIAL HO	pro1304. N. (In	tral op 150 DATE	REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE						

6010 REISTERSTOWN RD. BALTO. MD 21215

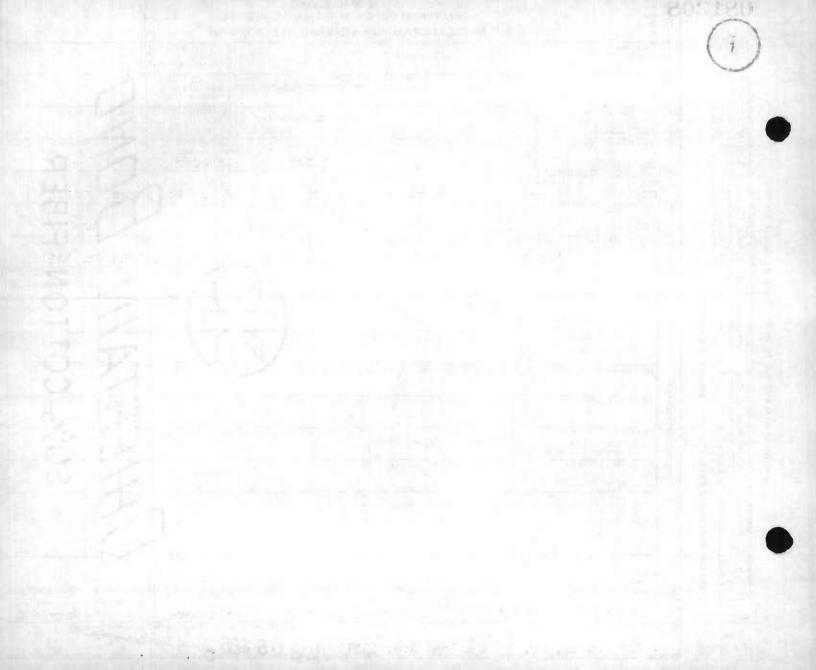
(VRA 15, 4)



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S CERTIFICATE SHOULD BE EXEC STRING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL ER 3 SHOULD BE USED AS A BUJ TE DEPARTMENT OF HEALTH AN TO PRIOR TO BURIAL, CREMATI	MEDICAL CER	21a. EXTERNA UNDERLYING CONTRIBUTION	OR NG CAU		TH P.M.	MONTH	DAY YEAR			OCCURRE	D (ENTERN	IATURE OF IN	YJURY IN ITEM	A 18 PART 1 OR	PART 2)					
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2		death resulted	ed from:	Natural c	f the remains desicauses X,	Accident	, Sui	cide		istan	Undete		MINER		ENED_3	-1-85				
TO ME EXECU PAGE TO FU AFTER BALTIN	23a.B	(TYPE OR PRIN	VT)		Dixon,		NAME OF CEM		ADDRESS_		123d. LO	St.,	Balt		Md.	21201	ATE			
07/84 BP 25M DHMH - 17	24. F	Crema UNERAL DIRECT NAME	TOR	L CO	3/4/85 ADDRESS		reenmo			25a. DATE F	Ba	1time	ore	EGISTRARIS	THE C	Mary				
(VR A15 ME (5))	A	. Alan	Seitz	, Jr.	3818 R	oland	Ave.	2121	MA	R Ob	LEE S	W Y	ALL FACE		•	A				



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A CONTRACTOR OF THE STREET OF LOCAL MORE STREET, A PROPERTY OF THE STREET OF THE STREET, AND T

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	1 -	FOR STATE REGISTRAR		DEPARTN		IEALTH AND MENTAL HYG	REG. NO).			
Ī		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HQUR7	
	(1112		ERINE	Е.	BLI	ידענ	MARCE	12.	1985	7 : XX	M
1	SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 H	
	-	Female	Whi		May	12 1914	70	YRS		HOURS M	AIN,
2		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH		
3		Maryland		S.A.	WIDOWE	The state of the s	Baltimor			200	MD.
1	erci	Baltimore /	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHLITY, GIVE STREET A TCh HOST	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEW		LIFE) 12b. KIND O	F BUSINESS	OR
	30 S	AL RESIDENCE (IF NURSING HOME OF STATE 133 POUT		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 14 Westw	ZIP CO	DE So. 21	221	
		ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
	1	Harry	N.	Rehm		Virginia	WIDDLE		Syde		
-1		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		220	
2	()	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-76-	2609	John E. Bl	lunt, Sr. 8	26 1	Lannert	On RO	
2	CERTIFICATION	couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	20b. IF Y	EIVEN IN PART 11. VES, WERE FINDIN	NGS USED	=
6	RTIF						YES NOT		YES	NO 🗆	
- 100	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	4113	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM II	8 PART 1 OR PART 2}		
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		THE PHYSICIAN'S NAME THE	nega	mi m	0.	ATTENDING PHYSICIAN	MEDICAL STAF		3/2	2/8	3
		A. F. NAZ				CHUR	CH HOSPITA		ORPORA:	TION,	
2		BURIAL, CREMATION, REMOVAL	-	C 100		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		loward	STATE	0
2	4 FL	Burial	Mar.5	1985 Me	adow		GL E REC'D. BY REGISTRAR			IRE	1
		ll & Zeiler	. Inc.	1901 Ea	ester			D	Thuis.		

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH DAY YEAR 26 HOUR I. DECEASED NAME MIDDLI (TYPE OR PRINT) Pargaret Bonaccorsi A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH YEAR 23 Female au. 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Mbl. DIVORCED WIDOWED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACH ITY, GIVE STREET ADDRESS)

3008 FLEETWOOD AVE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STAT 136 COUNTY 136. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Balto. Md. Fleetwood Ave. YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thomas 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Bonaccorsi 3811 Fleetw no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram and that in (my) (our) apinion death occurred an the date and have and from the causes stated saw the deceased alive on. above, (1) (we) (did) (did nat) view the bady after if DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN T 224 PHYSICIAN'S NAME LITYPE OR 22e ADDRESS 530

23c. NAME OF CEMETERY OR CREMATORY

Meadowridge

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR John (. Miller Inc. 6415 Belair Rd.

23a. BURIAL, CREMATION, REMOVAL

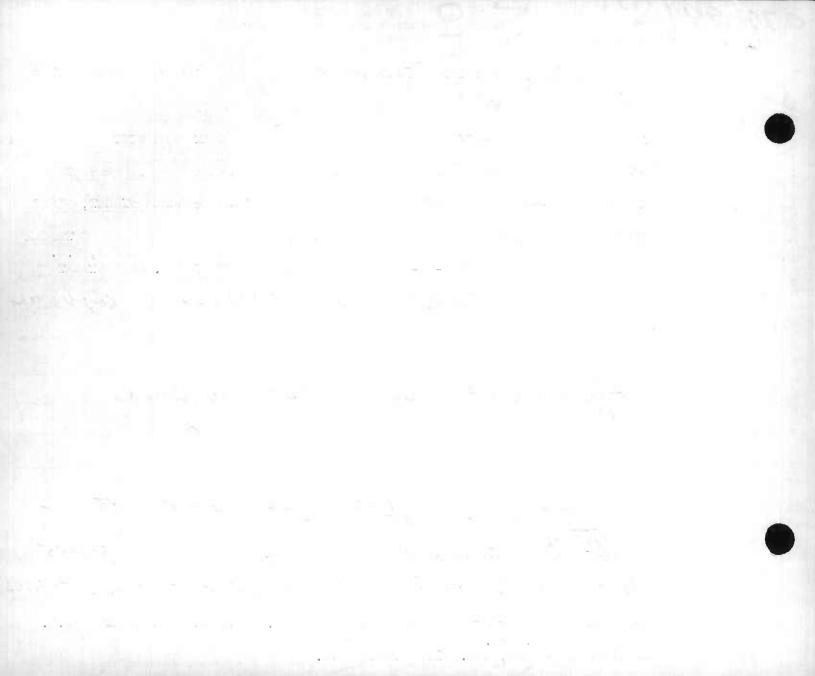
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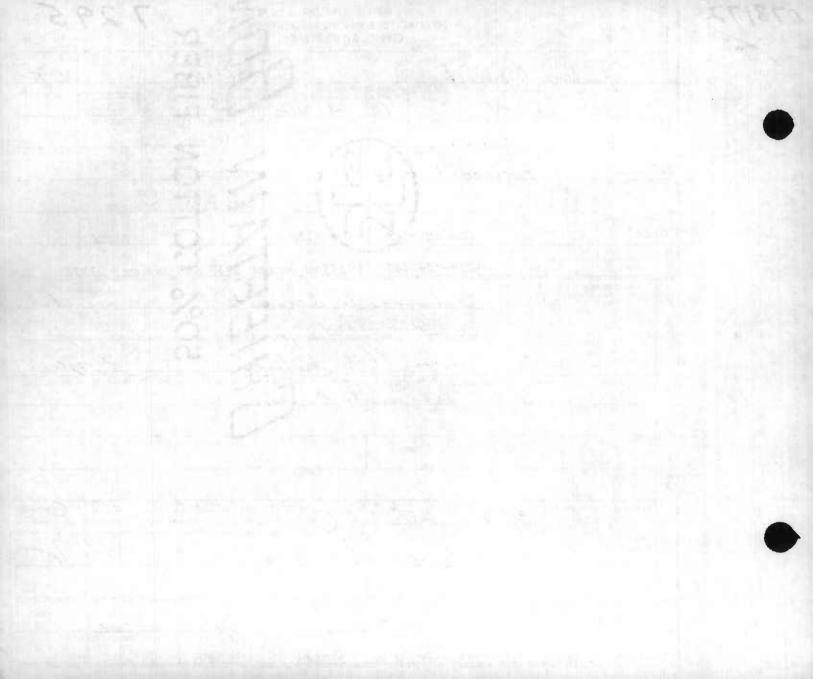
COUNTY STATE

25h REGISTRAR'S SIGNAY

23b. DATE

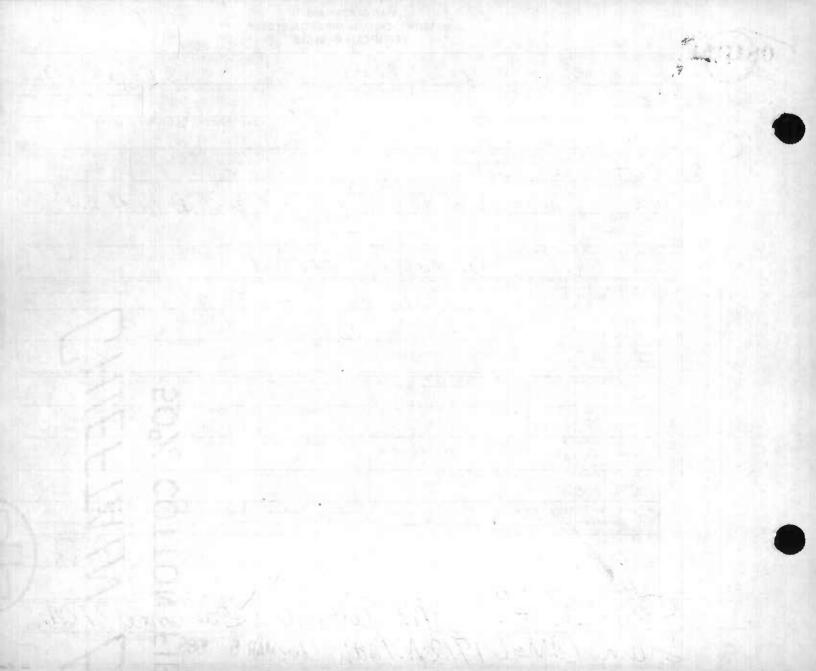
The state of the s 079094 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2ª DATE OF DEATH 2h. HOUR TYPE OR PRINTI 1985 March Virginia onner 4 RACE IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 5. DATE OF BIRTH MONTH YEAR 25 11 09 75 In BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED ANEVER MARRIED COUNTRY NORTH CAROLINA BALTIMORE CITY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE MARYLAND GENERAL HOSPITAL NURSE HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE 1104 McMECHEN STREET, 21217 MARYLAND 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST FIRST CUTHRELL THOMAS MAYHEW BONNER VIRGINIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT BELHAVEN, N.C. SELMA BONNER VOLIVA 504 E. MAIN STREET NO 228-40-7272 APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH 18. CAUSE OF DEATH (Enter only one cause per ling for to), (b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 5 CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 228 | certify that (1) (this hospital) attended the deceased from and that in (my) (am) apinion death occurred an the date and haur and fram the causes stated saw the deceased alive an DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 236. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN REMOVAL/BURIAL 03-13-85 CUTHRELL FAMILY CEM. AURORA BEAUFORT 250. DATE REC'D BY REGISTRAR 256. REGISTRAR SERGI 24 FUNERAL DIRECTOR BALTO., MD. 21229 DHMH - 16 50M 4/83 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS BOOM Fanne 3. SEX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS DAY YEAR HOURS 06 TO BIRTHPLACE ISTATE OR FOREIGN. 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MICK 5 a YES N NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FIRST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which igstr gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO YES T NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 0 NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from.

sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN I MPORTANI 77+ ADDRESS d b 4 BP FUNERAL DIRECTOR 1256 REGULDENKYSKINATUR DHMH - 16 50M 4/82 (VRA 15, 4)



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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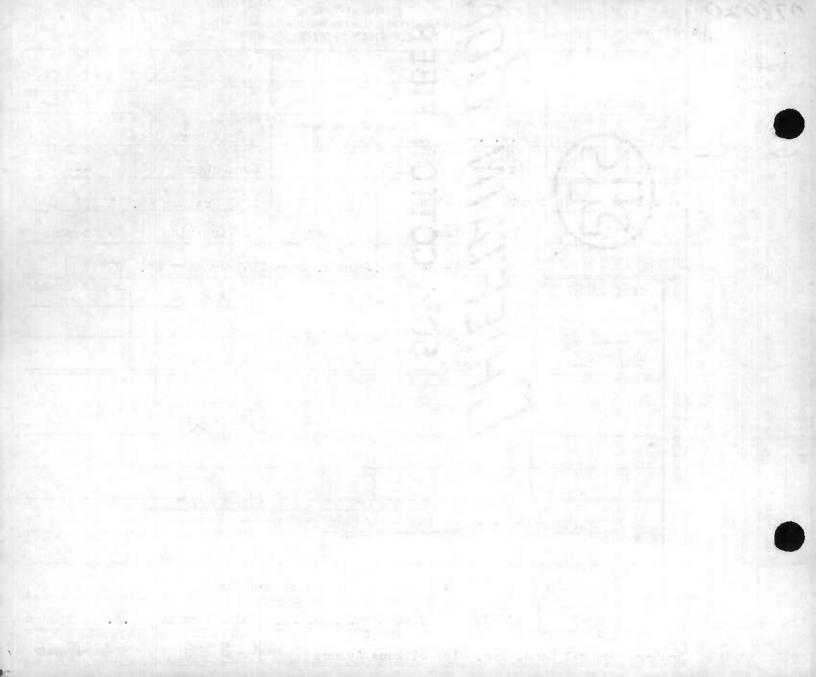
REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 25 HOUR I. DECEASED NAME FIRST (TYPE OR PRINT) BOOM MARY M. 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3. SEX 4. RACE 1914 FEMALE WHITE 70 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY St. Agnes Hospital Baltimore Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 3a. STATE 13d. INSIDE CITY LIMITS? Baltimore Maryland Lansdowne 2963 Freeway Rd. 21227 YES T NOX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Mary William Stevens Virginia Lauf 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! John S. Boom 2963 Freeway Rd. 21227 217-76-0274 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic: PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST 30 mi IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF OBSTRUCTIVE LUNG DISEASE underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [215. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 3/15 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNAJURE DEGREE MEDICAL **ATTENDING** PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS MACIULIS St. Agnes Hospital 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Glen Burnie Maryland Glen Haven Mem. Pk. 3/19/85 Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ia variason-Randos Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the turneral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled a think the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEASED NAME (1745 OR PRINT) William Boss SR. March 8 1985 9: 59A 3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR 10 UNDER 721 MALE BLACK 1. 6.23 62 (INTERSTANT OR COUNTRY) 70. BIRTHPLACE (STATE OF PORSON 78. CITIZEN OF WHAT COUNTRY) 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1746 OF WORKING 189) INDUSTRY MONTH CAR (15 NURSING HOME OR OTHER INSTITUTION) 120. LIST OF WORKING 1890 INDUSTRY MARRIED STATE 131. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1746 OF WORKING 1892) INDUSTRY MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) 132. CITY OR TOWN 133. INSIDE CITY LIMITS? YES NO D 134. INSIDE CITY LIMITS? YES NO D 155. MOTHER'S MAIDEN NAME FIRST NAME
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O Hypertension & Qualities & COPD 190. Date of opposition 19b. Condition for which operation was performed 200. autopsy? 20b. If yes, were findings used in Certifying Causes of Death? YES NO YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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saw the deceased alive on 19 65, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (and did no) view the body after death.
226 SIGNATURE DEGREE 227 DATE SIGNED 227 DATE SIGNED
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Lomas L. I allone III PHYSICIAN DIRECTOR PHYSICIAN 3-83
Thomas L. Pallowe University Hospital Dept of Mallowe University University Hospital Dept of Mallowe U
226. PHYSICIAN S NAME (TYPE OR PRINT) Thomas L. Pallowe UNIVERSITY HOSPITAL DEPT of ME 236. BURIAL, CREMATION, REMOVAL 1236. DATE 1236. BURIAL, CREMATION, REMOVAL 1236. DATE 1236. PARTION OF CEMETERY OR CREMATORY 1236. DURIAL, CREMATION, REMOVAL 1236. DATE 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT of MI 1236. BURIAL, CREMATION, REMOVAL 1236. DATE 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT of MI 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT of MI 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT of MI 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT of MI 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT OF MI 1236. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEPT OF MI 1236. PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DEPT OF MI 1236. PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DEPT OF MI 1236. PHYSICIAN DIRECTOR DIREC
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbonapaper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

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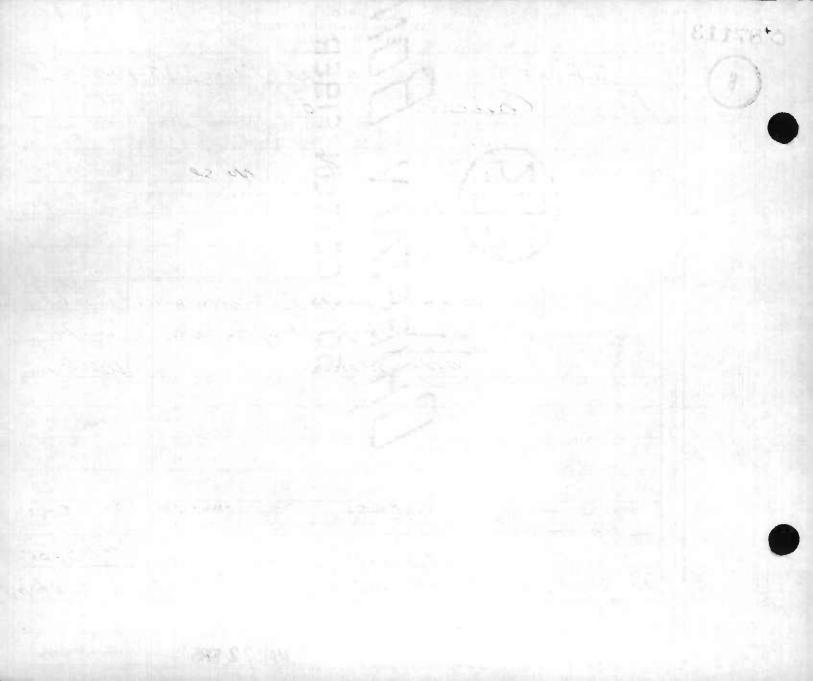
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STATE OF MARYLAND

DEPARTM

ENT OF HEALTH AND	MENTAL	HYGIENE	-	
CERTIFICATE OF	DEATH		DEC	NIC

- STATE REGISTRAR				CERTIFICA	TE OF D	EATH	REG. NO.					
I DECEASED NAME	FIRST		MIDDLE	LAST		75 100	20 DATE OF DEATH MO	NTH	DAY	YEAR	26 HOL	JR
(TYPE OR PRINT) CAR		CON	L.	ВО	WSER		MAR.23,1985				9:00AM	
3 SEX	1552	4 RACE		5. DATE OF BI	RTH		& AGE (IN YEARS LAST BIRTHDA		IF UNDER		IF UNDER	24 HRS
Male		В	lack	MONTH 3	1	4 2	43	YRS.	MONTHS	DAYS	HOURS	MIN.
	E OR FOREIGN	76 CITIZEN	OF WHAT COUNTR	Y? 8. MARRIED	NEVED A	ADDIED DE	9 BALTIMORE CITY OR C	OUNTY	OF DE	ATH	691.5	
N. Caro	lina	U	.S.A.	WIDOWED	DIV	ORCED	BALTIMORE	CI	TY			MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING			THER INST	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			12b, KIND OF BUSINESS OR INDUSTRY				
BALTIMO	DRE	JOHN		IS HOSPI	TAL		The or work for most of we	J 10 EU	, 1140	VOINT		

1	13a. STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COL	
1	Maryland		Baltimore	XES X NO	420 E. Chase	Street 21202
0	14. FATHER'S NAME FIRST John	MIDDLE .	Bowser	15 MOTHER'S MAIDEN NA FIRST Mary	WE	Hopkins
	160. WAS DECEASED EVEI (YES, NO OR UNKNOWN) NO	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. N/A	17 INFORMANT	ADDRESS Pasa n 358 Metropo	adena,Md.21122 litan Blvd.
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	PART 2. OTHER SIG	e last. DUE TO, O	ONTRIBUTING TO DEATH BUT	tu buc / 600	MINAL DISEASE OR CONDITION G	3 712/5
	NOIL					

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH?

YES T NO [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

ma saw the deceased alive an m3 - Ch 21 abave, (1) (we) (did) (did nat, view the body after death and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

PHYSICIAN

22c. DATE SIGNED SIGNATURE DEGREE ATTENDING MEDICAL STAFF

DIRECTOR 22e ADDRESS

> 23c NAME OF CEMETERY OF CREMATORY SpringField Bapt 3/28/85

23d LOCATION Littleton, COUNTY

PHYSICIAN

N . C.TATE

STATE

CERTIFICA

MEDICAL

FOR

March F/H Inc. 1101 North Avenue

DHMH - 16 60M 7/B4 (VRA 15, 4)

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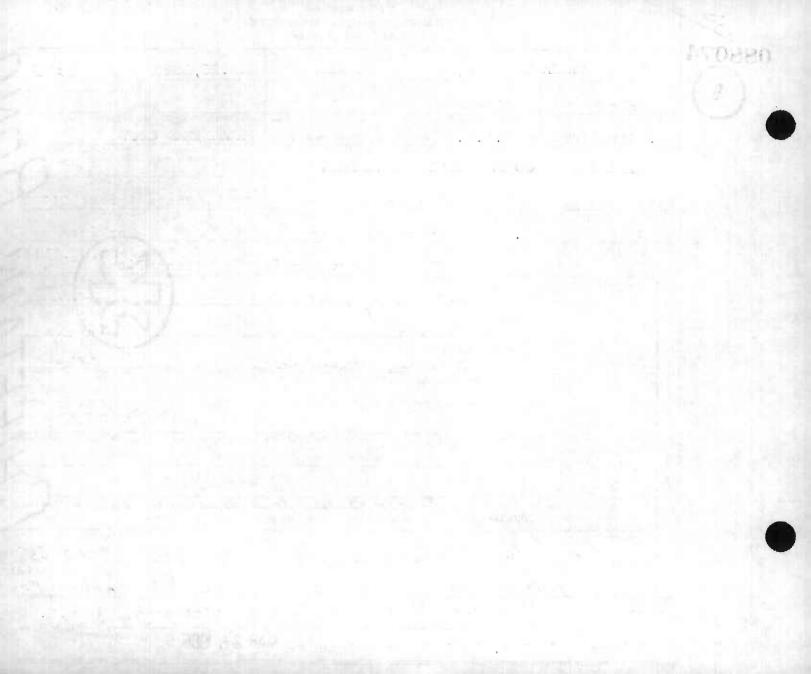
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MPORTANT:

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL BURITAL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)



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DHMH - 16 50M 4/83 (VRA 15, 4) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Barrier Committee Committe

STATE OF MARYLAND

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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2		DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		2b. HOUR
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moy Fer d	3	SEX	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
ge 4		Male	Caucasian	7 05 16	68	YRS.	
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death		Maryland	U.S.A.	WIDOWED DIVORCED	Baltimor	e City	MD.
the f d with		CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		ON 126 KIND C INDUSTRY	
by file		Baltimore	833 West Pra	tt Street Apt	Foreman	Rive	ra Bras
ed in	13	STATE 136 COL	NTY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		21201
shau shau		Maryland	Baltin	Ore YES X NO	1833 West	Pratt St.	Apt 40
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physical pap pap nava ent,		PART I. DEATH WAS CAUS		Vinta	ed fortal	Cox BETWEEN	ONSET AND DEATH
rent repar pr ren		IMMEDIA	ATE CAUSE (o)		9		
ve co		Conditions, if any, which	DUE TO, OR AS A CONSEOL	ENCE OF ATCV.		87	
the o		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			
by dose		underlying cause last.	(c)	2,102 01			
gned en ple buric ry, o	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 11	0
or to	A CHANGE						
ermit e prii	7 3	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING CAUSES	
nsit p	4	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tal. How believe occurs	YES NO	YES 🗌	NO 🗌
Cof w				AY YEAR 216 HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM TO PART I OR PART 2)	
S certification of them	Nepic A	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION			
the bond /	1 2		(AT HOME STREET FACTORY, OFFICE,		CITY OR TO	WN COUNTY	STATE
Afte e os olth mork			oital) attended the deceased from	194	- 3	10.85	
OR OR F Hee			,	ond that (m) (our) apinion	death accurred on the de	nte and hour and Iran	course stoted
RECT ed for pt. of	9	above, N'(we) (did) (did n	ot view the body alter death	DEGREE		1226 844	SKINER
toching H H			- ntx O		MEDICAL STAI	E 7//	9/10
TO FUNERAL should be deto with the Store IMPORTANT:	-	22d PHYSICIAN'S NAME LIVE	OR PRINT	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	100
should be deto with the Stote		Raymond D.			Pino Uoi	rh+a Azzania	
of short	1 22	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	73d LOCATION	ghts Avenue	-
	23	(SPECIFY)			CITY OR TOWN	Howard	d Md
BP	24	Burial FUNERAL DIRECTOR	3-20-85 M	eadowridge Mem	PW Elkric		
DHMH - 16 60M 7/B4		MacNabh Fune	Cal Home Cato	neville Md MA	01 4000	SSE REGISTRAR'S SIGNA	ndella

injury, or other troumotic e

DHMH - 16 60M 7/B4

(VRA 15, 4)

4905 York Road, Balto., MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

07315

	REGISTRAN					REG. N	0.			
	CEASED NAME FIRST	WIDDLE	l.	AST		O. DATE OF DEATH	MONTH DA	Y YEAR	26 HOU	IR A
	LOUI			BRITT		March 1				M
3. SE	X	4. RACE	5 DATE C		AR 6	. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS	MIN.
1	Female	White		11 19, 190		76	YRS.			
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIE	D - "	BALTIMORE CITY C				
	MD	USA	WIDOWE			Baltimor			F. DUICINIE	MD.
Jiu C	TITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE S	STREET_ADDRESS]			TYPE OF WORK FOR MOST OF Homema	F WORKING LIFE			
US0	Baltimore IAL RESIDENCE (IF NURSING HOME OF	830 W. 40th		-		Tiorrema	TAC!	Dwn	Hon	ne
	STATE 136 COU	NTY 13c CITY OR	TOWN	13d. INSIDE CITY LIA		3 STREET ADDRESS 3939 Butl	ZIP CODE	ad . 21	071	
14 F	MD (Bal)	to. Gtyric	2011	15 MOTHER'S MAIL				40, =		
1	Charles	R. Zimmer		Elsie		WIDDLE		Lilley	1	
140	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT		ADDR	SS			
1	TYES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 214 2	0 1355	Richard	W.	Britt, (Slyndor	n, ME		
F	18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (t	o), and (c				1 1 1	BETWEEN	MATE INTER	RVAL
	PART I. DEATH WAS CAUSE			ideac	arre	st		me	true	5
		DUE TO, OR AS A CONS	EQUENCE OF			n 1		-		
	Conditions, if any, which	(16) ac	husse	cleone b	rear	I dese	ase	30	1-201	10
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF					1		
	underlying couse last	(c)								
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	ZOb. IF YES.	WERE FINDIN	NGS USE	D
본						YES NO	IN CERTIFY!	ING CAUSES	OF DEA	
ER -	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			110	
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	8 8						
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		CITY OR TO	OWN	COUNTY		STATE
×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OF	FFICE, FARM, ETC.)	SINCE				3-		
	220.1 certify tho (1) this hosp				10	. to	15	93	the (we) lost
	saw the deceosed alvabave (t) we) (did) (did no	at) view the bady after death.	19 8 7 ar	nd that in my) (aur)	opinion de	oth accurred on the d	ate and have o	ond from the	causes st	ated
	226. SIGNATURE	10		DEGREE	DING	MEDICAL STA	cr	22c. DATE	SIGNED	
	2 Hanta	wan hm	0	PHYSIC	CIAN 🖳	DIRECTOR PHYSIC	IAN	3.1	5.8	1
	22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS						
-		er Wilson, M		<u> </u>		1 Arts Bu	illding	, Balt	0.,	MD
23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMA	TORY	Balto.		COUNTY	M	T-VIE
74.5	Burial	3/15/85		ine Park	250 DATE	REC'D. BY REGISTRAR	THE DECISTO	A D'C CICALAT	LIDE	
24	UNERAL DIRECTOR Henry	W. Jenkins	& Sons	Co.	MAR	1 5 1985	The Day	Hason-A	inde	2 1
149	905 York Road	. Balto. ME	212	12	1117 11	TAN MAN				-

21212

e no 'nwa hexement Stell Pennent Stell of a St. 16th Pickers W. Seetts, Charles William the second state of the second Br. E. Huntar Willson, MD Hogney W. Jonichs J. Sons Co. 1212 VOIVE 1010 11212

080096	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 1 0
7 31		CEASED NAME FIRST STA	VLEY A.	BRODIE	REG. NO. 20. DATE OF DEATH MONTH 3 /	5 85 1 38 P M
B 2)	3. SE	Male	4 RACE Care	5. DATE OF BIRTH MONTH DAY YEAR 18 28	6 AGE (IN YEARS LAST BIRTHDAY) 56 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
100	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	75. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	MD.
by the filed w	6	THE TIMORE	(IF NOT IN SUCH FACILITY, GIVE STR	OSPITAL	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) PHARMACIST	126. KIND OF BUSINESS OR INDUSTRY HALTHORPE PHARM
in 24 hourst be	130	AL RESIDENCE (IF NURSING HOME STATE 13b COL	UNTY 13c. CLTY OR TO		13e STREET ADDRESS / ZIP COL	of Orive 2120
in makiting on the completely and 2 shall be considered to the construction of the con		MORRIS	BRODIE BRODIE	FIRST EVEL'	YN	SACKS
be executed and control of the secuted contro	0.0	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I IF YES, C KOR	ARMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 214 -21		S. EVELYN ^{AD} BRÖDIE X 6606 MAROTT DA	#21207
(DS, ZOI W. PRESTON quires that the death signed by the attends then please remotion, or highly, or other trauman	NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANI	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) T CONDITIONS CONTRIBUTING TO	O ALS	MINAL DISEASE OR CONDITION G	IVEN IN PART 1101
VITAL RECORDS A): The low requirings of the second	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY	CH OPERATION WAS PERFORMED DAY YEAR 21c HOW INJURY OCCUI	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? (ES M NO I PART 1 OR PART 2)
DIVISION OF VITY NG PHYSICIAN: T attending physici iffer this certificate of the burioliteans h and Meenol Hyge orked or tem 18 sh	MEDICAL	THE EITHER NOTHY MEDICAL EXAMIN	CALL CONTRACTOR	211. LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDI hospital or IRECTOR: A ched for use hept. of Heal Item 21 is m		saw the deceased alive of	not) view the body ofter death.	DEGREE	, to, to	22c DATE SIGNED
HOSPITAL bined by th FUNERAL buld be deta th the Store	1	22d PHYSICIAN'S NAME (114) STEVEN		ATTENDING PHYSICIAN 224 ADDRESS SINAL		3-15-85
PP	Е	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	MAR.18,1985	BENAI ISRAEL	23d LOCATION CITY OF TOWN BALTIMORE	COUNTYMARYLAND
DHMH - 16 50M 4/B3 (VRA 15, 4)	100	NAME	LEVINSON & BROS WN RD. BALTO., M	3,1110.	AR 1 9 1985	STRAR'S SIGNATURE

On A THE SECTION OF SECTION The second secon

deoth

OR ATTENDING PHYSICIAN: The low othending physicion

OH	FOR STATE REGISTRA
234 2 . 1 23	I DECEMBED ALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKTIF	CATE OF D	EATH		REG. N	NO.		
>		CEASED NAME	FIRST		WIDDLE	l/	\S1		20 DATE	OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	(11:11)	Am	E.	1	Brook	5	10/4		3-	1-85	4300M
	3 SEX	X	W. T.	4. RACE		5. DATE O			6. AGE (1	N YEARS LAST B	RTHDAY)	IF UNDER I YEAR	
	-	MAL	E	NEG	FRO	MONTH 04	27	30	3	54	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (ST	ATE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	□ NEVER M	ARRIED -	9 BALTIN	ORE CITY	OR COUNT	Y OF DEATH	
S		/	nd.	U. 3	S. A.	WIDOWE	D DIV	ORCED	BA.	LTO.	City	/	MD.
4	10 CI	2017	OF DEATH		HOSPITAL, NURS		R OTHER INST	NOITUTI		ORK FOR MOST	OF WORKING L		OF BUSINESS OR
U	DSI I	AL RESIDENCE	(IF NURSING HOME OF	OTHER INSTITUTION	M GIVE RESIDENCE BEFO	HO.	SP.						A . (1) . (C)
0	13a S	STATE	13b COU	VTY	13c. CITY OR TO		134. INSIDE CI				/ ZIP COD	DE /	21215
2	14 EA	THER'S NAME			112421	0.	YES MOTHER'S	NO DEN NA	135ª	1 w	ADA	sh Ave	· BALTO,
0	11	FIRST	0	MIDDLE	PARTO.	00		FIRST 0	1416	MIDDLE		130	AST OF WALL
400	160 V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMAL	NT C		ADDF	RESS	BALO	2063
		YES, NO OR UNKNO		E WAR OR DATES)	218-26		VICTO	RINIO	D. 2	ROOK	-24	25 W	10.21210
		LIL CALISE OF	DEATH (Fator or	du oso soure or	er line for (o), (b), o		4,6,70	1000	10/10/	COOK	300//2	100	XMATE INTERVAL NONSET AND DEATH
		PART 1. DE	ATH WAS CAUSE	D BY:	0 1.	wese)	ratory	a	2200	t		BETWEEN	ONSEI AND BEATH
		12012	IMMEDIA	TE CAUSE (o)_							200		
		Conditions, i	f ony, which	DUE TO, C	Re Cem	1 1	40 Cano	lial	ind	anct	-ina		
		gove rise to	o immediate	10)_			()		133				
	-		couse lost.	DUE TO, C	OR AS A CONSEQU	UENCE OF			V			9 3	
		PART 2 OTHE	R SIGNIFICANT	107	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISE	ASE OR COI	NDITION GI	VEN IN PART 1	10
	NO O	7.00		He W									
	CERTIFICATION	190 DATE OF C	PERATION	196 CONE	DITION FOR WHIC	H OPERATION	WAS PERFOR	RMED	20a AU	TOPSY?		S, WERE FIND	
1	TIE			6 0 13					YES 🗌	MON		ES	NO [
	CER		VAS UNDERLYING		OF INJURY A.M. MONTH [DAY YEAR	21c HOW INJ	IURY OCCURR	RED (ENTER	NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
4	AL		IG CAUSE OF DEA		P.M.	19		5					
	MEDICAL	21d INJURY O	CCURRED		OF INJURY	5 4 DAY 5 7 C 1	211 LOCATIO	N		CITY OR T	OWN	COUNTY	STATE
	*	WHILE AT WORK	NOT WHILE	(A) HOME 3	TREET, PACTORY, OFFICE	. FARM, ETC)	-						
					he deceased from	3/1		. 19_8 S	, to	3/1		19 85	, that (I) (we) lost
		sow the cobove, (1)	leceosed olive on (we) (did) (did no	T) view the bod	y after death.	25 on	d that in (my) (our) opinion o	deoth occur	rred on the	date and ho	ur and from the	couses stated
		22b. SIGNATU		0		(DEGREE					22c. DATI	E SIGNED
		Kar	ju Z	Gir	ces			HYSICIAN [DIRECTO		AFF ICIAN		
		226 11115191	N'S NAME ITYPE O	OR PRINT)			22e ADDRESS	ΛΛ	0 1	()	lal	0.0	(1 -0
		K	lafat	Y. G	airais		81	rigna	2 1	الإح	1001_	- Bau	timore
		SURIAL, CREMA	TION, REMOVAL	23b. DATE		NAME OF C	METERY OR C	REMATORY CEN		CATION ITY OR TOWN	m	COUNTY	STATE
	04.5	DU	RIAL	3-6	-85 G	HRR13	ON FOR	REST	OW	ens	1111	65	md.
	D	JNERAL DIRECT	OR .	11	ADDRESS	ALTO., M	4.212	250. DATI	E REC'D. BY			Davidson	gandett.
	ΔI	F d Q J	UNER	AL HUI	MIE-50	07 Y	ORK K	a. MAI	כא	1985	7,00.00		

BP.

eroined by the hospital

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the buriol-transit permit. Then please remaye corbonopopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Nem 21 is morked or frem 18 shows ony injury, or other traumotic event, the

A Company to the state of the s Antibonia and the Automorphic Actions as Amy Alle Gorgist . I st March Harpital Political The first of the same of the party of the same of the No Windows and the Control of the Board of the Board of the State of t

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G603 item 6

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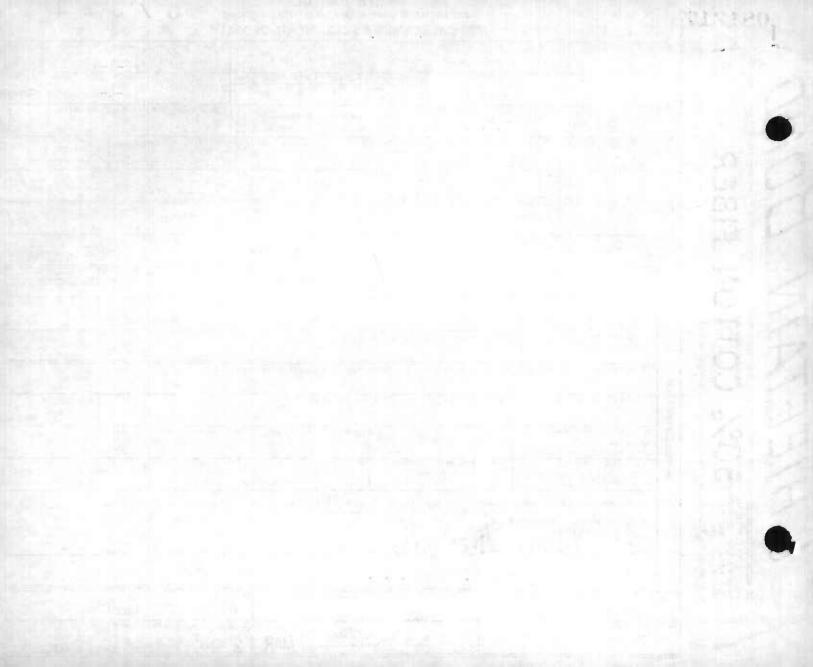
STATE OF MARYLAND

080072

FOR

1 3 3 4 4 5

1217	11-	STATE REGISTRAR	-22a 5/6/		DEPARTMEN					REG.	NO	lus lus	
		CEASED NAMI	E FIRST		MIDDLE	,	LAST		2n D4	TE KNOWN		DAY YEAR	26 HOUR
490.	(TYP	E OR PRINT)		01.7550	D.D.	DDOL	6.1			OF ESTI-			20 1100K
8	3. SE)		4. RACE	CLIFFO 15. DATE OF BIRTH		BROW E (IN YEARS IF L	INDER 1 YR.	IF UNDER 2			3-Z-	-85 19 DAY YEAR	M
	J. JL/	Male	Black	MONTH DAY		T BIRTHDAY) MOI		HOURS	MIN. PRON	OUNCED	2 2		1:47P
				11/21/5		30 YRS.				EAD	3-2-	19	47,
2	FC	RTHPLACE (S'		76. CITIZEN OF W		8 MAR	RIED NE	VER MARRIE	D D 9 BA	LTIMORE CITY	OR COUNT	Y OF DEATH	
2		altimor		U.S.A	•	WIDO	4242	DIVORCE	-	Balti	more C	i t.v	MD.
1	10. CI	TY OR TOWN	OF DEATH		SPITAL, NURSING		HER INSTITU	JTION	120 USUAL O	CCUPATION (TYPE OF WORK	26 KIND OF B	
1	1	Baltim	ore /	Sinai H		JONE 33)			_	rer	0		
1 ,	USU/	L RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)	In a surper	*********					
5	130. 3	Må	BECOUNT	0	Baltim		YES X	NO [13e STREET AL	arry Pa	au1 Rd	21133	
	14. FA	THER'S NAME			LDalli	ore		ER'S MAIDEN		ally	aul Nu	21133	
ľ	1	FIRST	aman Brow	MIDDLE 70	LAST				rtilla	Simons	S	LAST	
1	16a V	C DECE .CE	D 51450 D 1115		16b, SOCIAL S	CURITY NO	17 INFOR			ADDRE			
	V.	ES, NO, OR UNKNO	20627	WAR OR DATES)	212-62-				own, 34			Rd. 2	1133
	1						70		, , ,				
		PARTI DE	F DEATH (Enter onl	y ane cause per line BY:	e for (a), (b), and Narco							BETWEEN ONS	SET AND DEATH
		KK K		E CAUSE (o)									
		Candition	ns, if any, which	DUE TO, OF	R AS A CONSEQU	ENCE OF							
		gave ris	se to immediate	(b)									
		lying cau	stating the <u>under-</u> ise last.	DUE TO, OF	R AS A CONSEQU	ENCE OF						1.5.17	
				(c)							EL IVEL D		
	z	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL OISE	SE OR CONDITIO	ON GIVEN IN PART	[] /01				
7	CERTIFICATION	19a DATE OF	OPERATION	Ties CONDI	ITION FOR WHIC	OPERATION	WAS DEDECO	PAAED2				In	
	2	. A DAIL OF	- LINION	178. CONDI	I OK WHIC	OFERATION	MASFERFUN	WED!				20 AUTOPS	17
3	Ē	21a EVTERNIA	L CAUSE WAS	211 71145 0	E INTELLED	Lai						YES 💭	NO [
1		UNDERLYING		11b. TIME O HOUR A.A	A. MONTH DAY	YEAR 21c.	HOW INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART	2)	
	CA	CONTRIBUTI	NG CAUSE OF D			19		- 21					
	MEDICAL	21d INJURY C		STREET FAC	OF INJURY (AT P	OME, 211 L	STREET		City	N TOWN	COUR	NTV	STATE
	1	AT WORK	NOT WHILE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Citr		COOP	***	STATE
			fy that I taak charge	of the remains de	scribed above ha	dan Auto	psy X.	Income to the					
				[27]	A Commission of the	-		Inspection	Company All		and in my apii]	nian	
		death result	Nature	ol couses	Accident	Suicide L			Undetermine	d manner	١,		
	1	ACTUAL	MADANZ	to 1/1	e mil		,	SPECIFY)	T		DATE	2 2 0	_
3	/	SIGNATURE_	Joon		0 4 1 4/01		M.D. AS		I MEDICAL E		SIGNED	3-3-8	5
7		EXAMINER'S	NAME Mar	garita A.	. Korell	M.D.		111 P	enn St	reet			
_	22 - 51	(TYPE OR PRIN	***/				_ADDRESS_		Teal (A.s.				
	/30.BI	Burial	TION, REMOVAL 23			OF CEMETERY		ORY	23d. LOCATIO	N	COUNT	y 1	STATE
		DUTIAL JNERAL DIREC	TOP	3/ 7/85	Garr	ison Fo	rest V	a		s Mill.			TEST
			al Home 4	611 DADDRESS	Voichta	A 2	1215		EC'D. BY REGIS		GISTRAR'S SK	GNATURE	
	Lav	Lunci	ar nome 4	OII FAIR	neights	Ave. 2	TZTO	MAR	1 2 198	5	Mila	-Randell	7



DHMH - 16 50M 4/83

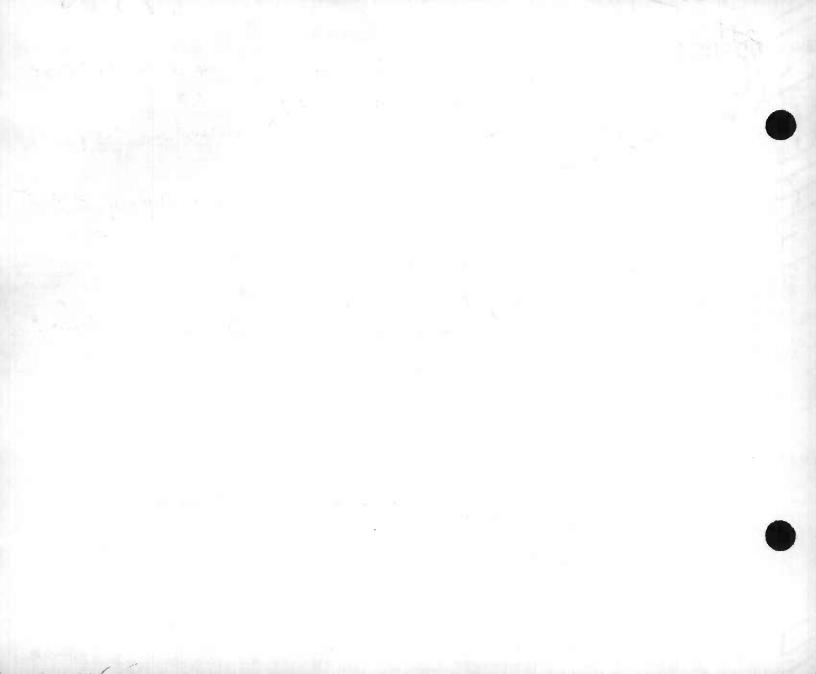
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

REG.	NC

OA		REGISTRAR		CERTIFICATE OF DEATH	REG. N	
184		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
- 1	TITPE	Deny Henr	y F.	brown	Mar	ch 30 1985 1:251
- 1	3. SEX	(4 RACE	5. DATE OF BIRTH	6. AGE INYEARS LAST BE	CONTRACTOR OF THE PERSON OF TH
01		M	Black	12 DAY YEAR	4 66	YRS.
4/1		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED ☐ NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
11		aryland	USA	WIDOWED DIVORCED	= Balle.	rare City
7/		TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPAT	
14		Bultimore	2231 McElder	rry Street	(TYPE OF WORK FOR MOST	OF WORKING LIFE) [INDOSTR]
26	USU A	AL RESIDENCE (IF NURSING HOME OF	PROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY LIMI	ITS? 13e.STREET ADDRESS	/ ZIP CODE
had		ryland	Baltin	nore YES 🖔 NO	2231 MG	Elderry 2120
20	4. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
1		Frank	Brown	Ameli		Cottoman
1		VAS DECEASED EVER IN U.S. A	- 135 AMAR OR DAYER	- 1	ADDR	
/		Ges	217-12-	- 1994 Beulah B	Brown 2231 M	cElderry Street
1		PART I. DE ATH WAS CAUS	only one couse per line for (a), (b), a	and (c).)		APPROXIMATE INTERVA BETWEEN ONSET AND DE
50			ATE CAUSE (0) Cardio	pulmonary &	V Vesa	
OTIC			DUE TO, OR AS A CONSEQU	UENCE OF A A	0 0-	
		Conditions, if ony, which	(16) Transit	ronal Cell Co	n of Bladde	er 4 mos.
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	LIENCE @F	12.24	
		underlying couse lost.	DOE TO, OR AS A CONSECU	SERVEE OF		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
2	NO.					
3	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	70a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS
71	CERTIFICATION				YES NO	YES NO
0	CER	21a. ACCIDENT WAS UNDERLYING	THE PARTY OF THE PARTY OF	21c HOW INJURY C	CCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART 2)
1	AL	OR CONTRIBUTING CAUSE OF DE		19		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR I	OWN COUNTY STA
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC) STREET	CITYON	OWN COURT STA
			pital) attended the deceased from	3/19/400 19	10 3/30	65 19 that (I) (we
		saw the deceased alive a	3/20/65	ond that in (my) (our) o	pinion death occurred on the	date and hour and from the couses state
		obove, (I) (we) (d.d.) (did n	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
		(1)	Son LUI	ATTEND.	ING MEDICAL ST	AFF 11/.10 5
1		THE PHYSICIAN S NAME (TYPE	OR PRINT!	PHYSIC 177e ADDRESS	IAN DIRECTOR PHYS	CIAN LI 1/1100
/		G.D.	2015			
a X	23a. P	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	. NAME OF CEMETERY OR CREMAT	TORY 73d. LOCATION	
		BURIAL		arrison Forest	CITY OF TOWN	Mills. Md
- 1		JNERAL DIRECTOR	1-7-7-00			RIZSE REGISTRAR'S SIGNATURE
3			H The 110 PDRESS	North Avenue	400.0	1 8 0 0
_	AAT	" C Hal CII I/	re Trice Trouble	MOT CIT WASHINE	APK 2 - 1985	iona valleson-pande



DHMH - 16 50M 4/83 (VRA 15, 4)

Leroyam. & Russell C. Witzke Funeral Homes P.A. 5555 Twin Knolls Road, Columbia, Md. 21045

Westview Crematory

3/8/85

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE - Jandry - Random

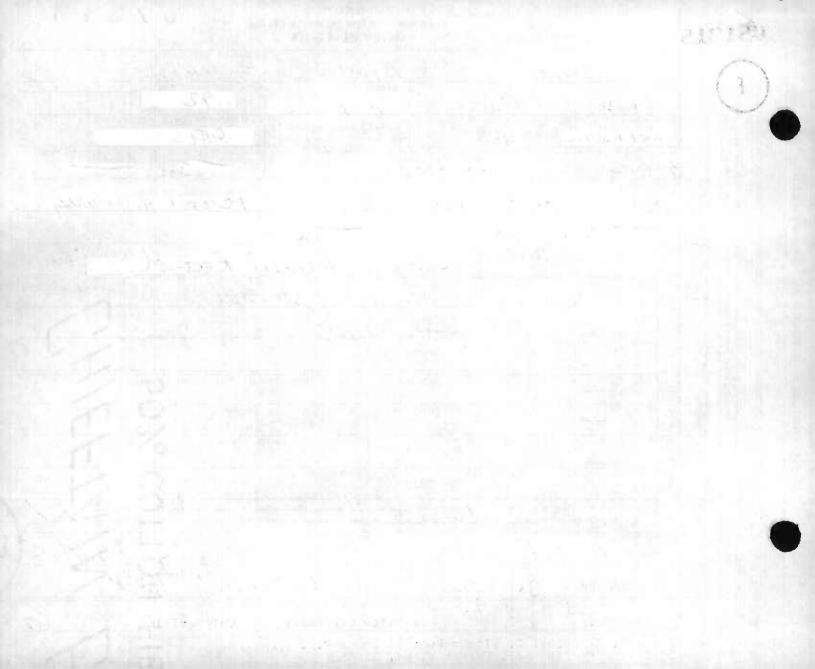
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Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

certificate be

085011 1 - FOR REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE CERTIFICATE OF DEATH

07325

						-	AST			DEATH A	MONTH			OLIB
		CEASED NAME	FIRST		MIDDLE	,	A31		20. DATE OF	JEAIN A	MOI VIII	DAY YEAR	2b H	OUR
		OR PRINT)	JESSE		GUSTUS	BRO		and comme			, 198	_		28a
- 7	3. SE	X		4 RACE		5 DATE C		YEAR	6 AGE (IN YE	RS LAST BIRTI	HDAY)	MONTHS DA		DER 24 HE
		Male			ack	11	12	1905	79		YRS	1.4		
50		IRTHPLACE ISTATE C	R FOREIGN	16 CITIZEN OF	WHAT COUNT	TRY? 8	NEVER	MARRIED -	9 BALTIMOR				1	
5		Maryland	-0.7	U. S		WIDOWE	D D	NORCED [DRE C			
23		LTIMORE	EATH	VA MEDI	HEACHTY, GIVES ICAL CE	IRSING HOME C STREET ADDRESS) NTER BA	LTIMOR	E MD	12a USUAL O (TYPE OF WORK Waite:	OR MOST OF		FEI INDUST	D OF BUSI RY nter	
25	+13a. S	AL RESIDENCE (IF NO STATE Maryland	13b. COUN		136 CITY OR T		13d INSIDE (CITY LIMITS?	13e.STREET A	DDRESS /	ZIP CODE	2222 Md.	Brook 2121	cfie
2	14 FA	Jesse		AIDDLE A	Broy	wn, Sr.		'S MAIDEN NA FIRST	AWE .	MIDDLE		Ro	berts	5
1		WAS DECEASED EVE	R IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORM			2229ES	Brook	field		
1	(YES NO OR UNKNOWN)		WAR OR DATES)	13803	4758	Mrs. E	Clsina				Mary	land	212
V		18 CAUSE OF DEA	TH (Enter on			PULMONA				- 191		APPI BETWE	ROXIMATE IN EN ONSET A	TERVAL
		Conditions, if or gove rise to it couse (o), sto underlying cou	mmediate ting the se lost.	(b) DUE TO, OF	RAS A CONSE	PER AND EQUENCE OF IS CELL	CA OF 1	BRONCHL	IS					
	ICATION	gove rise to in couse (a), star	mmediate ting the se last. GNIFICANT C	DUE TO, OF	LEFT UP R AS A CONSE SOUAMOU DITRIBUTING	PER AND EQUENCE OF IS CELL	CA OF I	BRONCHL D TO THE TER/	IS	or cond	DITION GIV	VEN IN PAR	T Iro	
2	RTIFICATION	gove rise to it couse (c), sto underlying could part 2 OTHER SKI	mmediote ting the se lost. GNIFICANT C	DUE TO, OF	R AS A CONSE SOUAMOU DITRIBUTING	PPER AND EQUENCE OF IS CELL TO DEATH BUT	CA OF I	BRONCHL D TO THE TER/	IS MINAL DISEASE 200 AUTOR	or cond	20b IF YES	VEN IN PAR	T Iro	ATH?
29	CAL CERTIFICATION	gove rise to in couse (o), storunderlying cou	nmediate ting the se lost. GNIFICANT C ATION NDERLYING [] CAUSE OF DEA	ONDITIONS CO	R AS A CONSE SOUAMOU DITRIBUTING ITION FOR WE FINJURY M. MONTH	PPER AND EQUENCE OF IS CELL TO DEATH BUT	CA OF 1	BRONCHL D TO THE TER/ ORMED	IS MINAL DISEASE 200 AUTOR	or cond 254? no[X]	20b IF YE IN CERTIF YE	VEN IN PAR S, WERE FIN FYING CAU	T I I I I I I I I I I I I I I I I I I I	ATH?
29	MEDICAL CERTIFICATION	gove rise to it couse (o), sto underlying could part 2 OTHER SIGN 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING [IF EITHER NOTIFY ME 21d. IN JURY OCCU	mmediate ting the se lost. GNIFICANT C ATION INDERLYING [] CAUSE OF DEA DICAL EXAMINER	ONDITIONS CO	R AS A CONSE SOUAMOU DITRIBUTING TION FOR WE FINJURY M. MONTH M.	PPER AND EQUENCE OF IS CELL TO DEATH BUT HICH OPERATIO DAY YEAR 19	CA OF 1	BRONCHL D TO THE TER/ ORMED NJURY OCCUR	IS WINAL DISEASE 200 AUTOF	or cond 254? no[X]	20b IF YES IN CERTIF YE	VEN IN PAR S, WERE FIN FYING CAU	T I I I I I I I I I I I I I I I I I I I	ATH?
29		gove rise to it couse (a), sto underlying could part 2 OTHER SK	mediate ting the se lost. GNIFICANT C ATION MDERLYING CAUSE OF DEA DICAL EXAMINER RRED WHILE JORK (this hospit	ONDITIONS CO	EFT UP R AS A CONSE SOUAMOU DITRIBUTING FINJURY M. MONTH M. OF INJURY TEET FACTORY OFF	PPER AND EQUENCE OF IS CELL TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE FARM.ETC) om Februs	CA OF 1 NOT RELATED N WAS PERFO	BRONCHL D TO THE TER/ ORMED NJURY OCCUR	200 AUTOF YES CENTER NATE	OR COND PSY? NO [X] URE OF INJURY CITY OR TOW	20b IF YE: 20b IF YE: IN CERT IF YE Y IN ITEM 18 F	S, WERE FIN S, WERE FIN FYING CAU ES D PART LOR PART	T 1(o	STATE
29		gove rise to in couse (a), sto underlying could not be seen as the country of the store of the country of the c	Mediate the ting the se lost. GNIFICANT C ATION MERLYING [] CAUSE OF DEA DICAL EXAMINER [] CORK WHILE [] CORK ((this hospit sosed olive of cold to cold t	DUE TO, OR (c) SONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO 1	FINJURY M. MONTH M. declory off Medical factory off deceosed fre deceosed fre deceosed fre deceosed fre deceosed fre deceosed fre	PPER AND EQUENCE OF IS CELL TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE FARM.ETC.) om Februa 19 85, or	CA OF 1 NOT RELATED N WAS PERFO 216. HOW IN 216. LOCATI SIREE ACT Y 16. Indication (A) DEGREE	D TO THE TERM ORMED NJURY OCCUR ON 19 85 ATTENDING PHYSICIAN	ZOG AUTOF YES CORRED (ENTER NATIONAL TO MA	OR CONE PSY? NO [X] URE OF INJURY CITY OR FOW T.C.h. STAFF	20b IF YE IN CERT IF YE YE IN ITEM 18 F	VEN IN PAR S, WERE FIN FYING CAU ES COUNTY 19 85 Or and from	T 1(o	STATE (we) 1 stoted
29		gove rise to it couse (a), sto underlying could not be seen as the country of the store of the country of	MERCIPIE DICALE EXAMINER OF THIS PROPERTY OF THE PROPERTY OF T	DUE TO, OR (c) SONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO 1	FINJURY M. MONTH M. OF INJURY OF INJURY OF INJURY M. OF INJURY OF	PPER AND EQUENCE OF IS CELL TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE FARM.ETC.) om Februa 19 85, or	CA OF 1 NOT RELATED N WAS PERFO 211. LOCATI SIREE AT 1 6 d that in (A) DEGREE 122. ADDRES	BRONCHL D TO THE TER/ ORMED NJURY OCCUP 100 1985 (our) opinion ATTENDING PHYSICIAN (SS	200 AUTOF YES	OR CONE PSY? NO [X] URE OF INJURY CITY OR TOW T.C. A. STAFF	20b IF YES IN CERT IF YES YOU TO NOT THE MISS FOR YOU THE	S, WERE FIN FYING CAU ES D PART I OR PART COUNTY	T 1(0 NDINGS U SES OF DE NO 2) - that X the couses	STATE (we) Ilstoted

DHMH - 16 60M 7/B (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corbanyapers. Page

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Brish 1/19/19 to mail attempt the nordle. Maryland tetrate to mail. Maryland tetrate to the second tetrate to

complete, tilled in by the

attending physician

- 081219 1 - FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	10.			
1		CEASED NAME	FIRST		MIDDLE	0-	AST		20. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR	P
1	(FIFE	OR PRINT)	PhiLi	P-		BR	NWO		03	3/01	1985	5	11.3	5 m
1	3. SEX	(4 RACE		5 DATE C		25.0	6 AGE	N YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR		
1		MALE		WHIT	re	APRI		1897		87	YRS	MONTHS DAYS	HOURS	MIN.
4		RTHPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	NEVER A		9 BALTIM	AORE CITY		Y OF DEATH		
2		MARYLAND		The State	U.S.A.	WIDOWE		ORCED	B.	ALTIMO	RE CI	TY		MD.
ā	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION		OCCUPAT			OF BUSINES	SOR
7		BALTIMORE		NORTH	CHARLES	GENER	AL HOSP	ITAL		LESMAN			HER GO	ODS
7	USUA 13a S	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		113d INSIDE C	ITY LIMITS?	13e STREE	T ADDRESS	/ ZIP COD	e #2	21215	
2		RYLAND	-		BALTIMO		YES [X	NO 🗌				RD., AF	T. 2D	
1	14 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NAM	ME	MIDDLE		LA	S7	
2		LIPMAN			BROWN			SE				SCHE		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU			MRS. I					100	
1		YES	WWI		216-10-1	4970	3606 C	LARINT	H RD.	, APT.	2D	#21215		
1		18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly one cause per			1 100 1	1500	/_	/ A · I	1305	BETWEEN	ONSET AND DE	EATH
1		CARTIL DEATH		E CAUSE (0)	CONGO	ST	IVC	KETO	T	1-1711	URE			
1		0.00		DUE TO, O	R AS A CONSEQUE	NCE OF	RITI	11/						
		Canditians, if any,		(Ib)_	MACI	007	KIII	010	5/4				146	
		couse (a), statin	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF								
				(c)										
1	z	PART 2 OTHER SIGN	NIFICANTO	FMA.	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE LESW	INAL DISE	ASE OR CON	DITIONGI	VEN IN PART 1	a	
Н	CERTIFICATION	190 DATE OF OPERA	TION		TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU	TOPSY?	T20h IF YE	S, WERE FINDI	NGS LISED	
2	IFIC									land.	IN CERTI	FYING CAUSES	OF DEATH	?
-	ERT	210. ACCIDENT WAS UNI	DERLYING [216. TIME O			21c. HOW IN	JURY OCCURR	RED (ENTER			PART OR PART 21	NO NO	
		OR CONTRIBUTING (IF EITHER NOTIFY MEDI		an a same	M. MONTH DA									
9	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	19	211 LOCATIO	N						
1	M	WHILE NOT WE AT WORK AT WO	HILE	(AT HOME STR	EET FACTORY, OFFICE, FA	ARM ETC)	STREET			CITY OR TO	NW	COUNTY	STA	116
		22a.l certify that (I)		tal) attended the	e decepsed from	02	13	1985	ta	0310		10 85	that (I) (we	e) last
		saw the decease abave, (I) (we) (c	ed alive on	03		5. or	nd that in (my)	(aur) apinian c	death occur	rred an the d	ate and hav	or and Iram the	causes state	ed
1		226 SIGNATURE	alar (ala ilo	View the body	drier death		DEGREE	11897				22c DATE	ŞIGNED	
			d	This	1	MM	A	TTENDING PHYSICIAN	MEDICA	R PHYSIC	FF CIAN []	03	10118	55
		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	4		22e ADDRES		Th (MAX	IEC	hornit	21	
			(41	いけってい	1.1		30	LTIN	ront				-	
1		URIAL, CREMATION,	REMOVAL	236 DATE	23¢ N	AME OF C	EMETERY OR C	REMATORY		CATION		10000		
		BURIAL		3-3-85	5 BN	AI IS	RAEL CO	NG.		TIMORE	3	COUNTY	MD	i c
	24 FU			EVINSON	& BROS.,	INC.		25a DATE	E REC'D. BY	REGISTRAR	19 1	TRAR'S SIGNA		
		6010 REIS	TERSTO	NN KD.	BARD	MD	21215	MAN MAN	17	1985	8 4 3 8	andon-0	ander	41 A

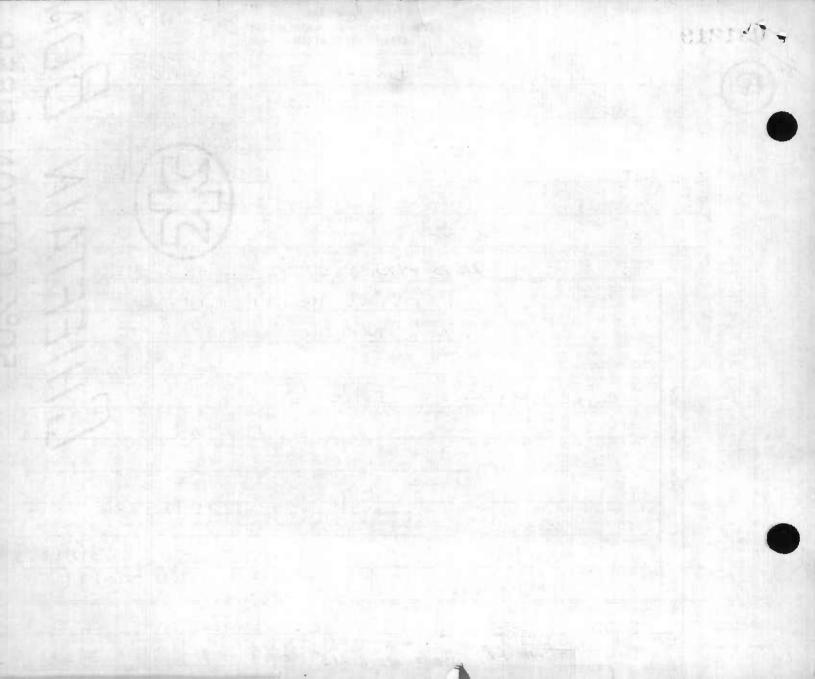
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been signed by the

injury, ar other traumatic event, the me



077031

within 24 haurs after

executed

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

retained by the hospital or ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detacked for use as the burial-transit permit. Then please remove carbanpoper is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, IMPORTANT. If them 21 is marked or them 18 storys any injury, or other traumatic event, the

CTATE OF MADVIAND

١.	FOR STATE		DEPARTN		EALTH AND MENTAL HYG	IEME TO	U	0	Sian.	
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N				
	CEASED NAME PROF	100	IDDLE	i.	AST	2a. DATE OF DEATH	MONTH	DAY YEA	AR 2b	HOUR
STOPE	Robert	Ray	mond	13	MOWN		3	11 8	5 4	4 ,
1. SE	(Altroper)	4. RACE	The second	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 11		UNDER 24 HRS
	Male	Cauc	asian	MONTH	23 35		9 YRS.			DURS MIN.
40.00	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEAT	Н	
	aryland	U.S.A.		MARRIE	DIVORCED	Baltimore				M
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT				USINESS OR
B	altimore /				dical Center	enterta.n.	er	.,	,,,,	
	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			-			-
	STATE 136 COU		13t. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			-	21222
	aryland Balt	imore	Dundalk		YES NO V		red Ave	enue		.1222
1/	FIRST	MIDDLE	LAST		FIRST	MIDDLE			LAST	
-	aymond	C.	Brown		Lucy	V.		Not	: Kno	own
Inc V	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
N		IVE WAR OR DATES	220-30-3	351	Sally Jane B	rown	Sar	me as		
-	18. CAUSE OF DEATH (Enter of	inly one couse per	line for to), (b), one	d (c).)				BETY	PROXIMAT MEEN ONS	E INTERVAL ET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	Cardia		arrest					
	IMMEDIA	ATE CAUSE (o)	CALLATA		(4)			\neg		
		DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if ony, which gove rise to immediate	(b)_								
1	couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF						
1	underlying couse lost.	(c)_								
l	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO !	DEATH BUT	NOT RELATED TO THE TERM			EN IN PA	RT Ito	
CERTIFICATION	Squamous C	ell car	cinoma	of u	vula, Epiglott	-15, & Posto	16,16	pha	142	4
F	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FI		
표						YES TI NOT	YE YE	FYING CAL		NO
- 12	718. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c. HOW INJURY OCCUR					
	OR CONTRIBUTING CAUSE OF D		M. MONTH DA	AY YEAR		(21121131131131131				
5	(IF EITHER, NOTIFY MEDICAL EXAMIN		M	19						
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNT	TY	STATE
~	AT WORK NOT WHILE				1	/		-	_	
	22a.1 certify that this has	pital) attended th	e/deceased from_	3,	7 85, 19 8.	5, to 3/	71	19_85	, tho	(we) los
	saw the direcessed alive o	n 3/10	85 19	85.0	nd that in (my) (our) opinion	deoth occurred on the c	lote and hav	ır and Iran	n the cou	ises stoted
	above (1) we did juid of	or i view the body	offer deoth.		DEGREE			22c. [DATE SIC	SNED
	m-11-11	A 1110	> Mi	1.	ATTENDING	MEDICAL STA			2/11	KIE
-	224. PHYSICIAN'S NIME (1991	June	2	~ ~	PHYSICIAN [DIRECTOR PHYSI	-	1 1 1 1	2/11	100
1	LA A A) 177	1	^	THE ADDRESS 7940	Eastern	- 100	ienu		/
	Marthe J	· Litt	1e, m	111	Balt	imore, h	di		210	127
23a.	BURIAL, CREMATION, REMOVA	L 236. DATE	23c. N	VAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY		STATE
C	remation	3/14/	1985 W	estvi	.ew	Baltimor	e		Ma	rylan
24 F	UNERAL DIRECTOR Duda-	Ruck, In	nc.			TE REC'D. BY REGISTRA	25b. REGIST	rar's sic	SNATUR	E

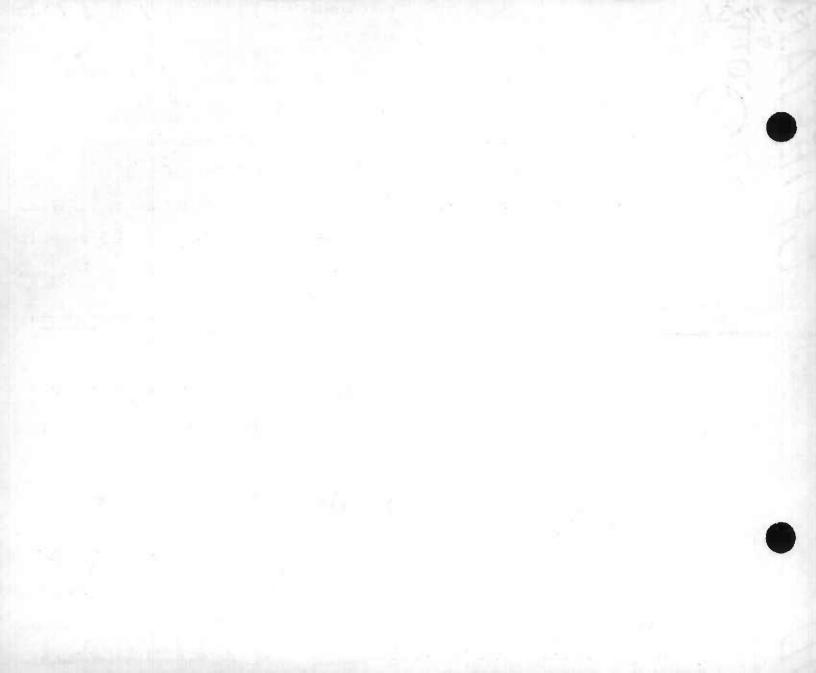
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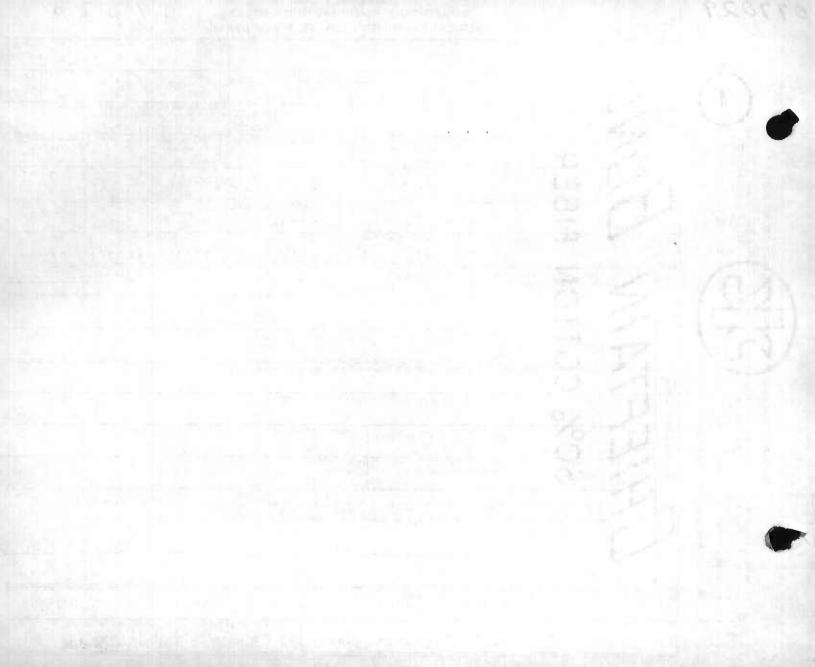
Wise Avenue

Dundalk, MD. 21222

BP.



077029	1			STATE OF MARYLAND												
11021	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE () / 3 & 0												
	I DE	REGISTRAR CEASED NAME	FIRST	REG. NO.											Zh. HOUR	
		E OR PRINT)					20. DATE KNO OF ES				11-			Zb HOUR		
A Se and A			Tiffa	_			Brown			DEATH MA			19 85	M		
21 P	3. SE	1	4 RACE	5 DATE OF BI	IRTH DAY YEAR	6 AGE (IN YEAL		DER 1 YR.	IF UNDER		. DATE	MOI	NTH DAY	YEAR	2d HOUR	
TEST S		emale	Black	8	27 84	YR	s. 6				DEAD			1985	12:14	
R DEATH. IF ANY DELAY IS NECESTAND AND STOTHER UNITS NEW PART STOTHER UNITS NEW PART STOTHER PROPERTY OF VITAL AND 2 SHOULD BE FILED WITHIN A OF VITAL PECONDS, 201 W. PEST		RTHPLACE (ST.	ATE OR	76. CITIZEN C	ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED XX 9. BALTIMORE CITY C							CITY OR CO	OUNTY OF E	DEATH	PM	
	N	farylar	nd	U.S.A. WIDOWED DIVORCED BAltimore							more	City		MD.		
	10.C	ITY OR TOWN	OF DEATH	1). NAME OF HOSPITAL, NURSING HOME, OR OTI				HER INSTITUTION 170 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)					OF WORK 176. KIND OF BUSINESS OR INDUSTRY			
		Baltimo	re /		Vanderh		ne			1 OK MIC	STOI WORKING	cuci				
	USU		IF IN NURSING HOME OR	OTHER INSTITUTION	ON GIVE RESIDENC			had incine of	ITY CIMITES	lua- cross	TADDRESS		11111	2	1213	
21201 AND 3 RETAIN PETA	3	ryland				altimore		13d. INSIDE CITY LIMITS? 13e STRE								
MD. 3 M 3 M 3 M 3 M 3	_	ATHER'S NAME	Tal July					15. MOTHE								
DEATH DEATH GES 1, M PM AND 2		Samue		MIDDLE	Bro	LAST			Hilda			MIDDLE R			aker	
BALTIA SS AFTE GIVE P TITH FC PAGES IVISION	16a \	WAS DECEASED	EVER IN U.S. ARM			CIAL SECURITY NO.		17 INFORMANT			ADDRESS			IKCI		
		ES, NO, OR UNKNO	WN) (IF YES, GIVE W	VAR OR DATES)	1	N/A		Glor	ia F	Rrown	1821	East	29+h	St	reet	
			DEATH (Enter only	v one cause pe			-	0101	2 4 1	, LOWII	1021	Dase	Af	PPROXIMATE	INTERVAL	
HOURS M 18. G AG WIT RAMIT. P. NE, DIV.	9	PART I DE	ATH WAS CAUSED	BY:		n Infar	nt De	eath S	yndro	ome			BETV	WEEN ONSET	AND DEATH	
TO T		1	IMMEDIATE	E CAUSE (a)_ DUE TO	O, OR AS A COI	-			4							
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.			s, if any, which													
W NIAM NIAM NIAM NIAM NIAM NIAM NIAM NIAM			e to immediate stating the under-	DUE TO	O, OR AS A COI	NSEQUENCE O	F									
201 W. UTED W IN PEN EXAMIN EXAMIN ON, OR	10	lying couse last.														
AAL PAL PALIC		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
RECORDS, LD BE EXECT PENDING" MEDICAL O AS A BUR REALTH ANI CREMATI	Z		4.30													
= 34 0# ;	CERTIFICATION	190. DATE OF OPERATION 19b. CONI			NDITION FOR	DITION FOR WHICH OPERATION WAS PERFORMED?							120 A	UTOPSY?		
SHOULD ORD "PE CHIEF A E USED A T OF HEA	문	34 -											YES XX NO			
ATE SHOUL THE CHIEF TO BE USED MENT OF HI TO BURIAL,	- E	21a EXTERNA	L CAUSE WAS		AE OF INJURY		21c. HC	OW INJURY	OCCURR	ED LENTER NA	TURE OF INJURY I	N ITEM 18 PART 1		163 4343	NOL	
SHEET SECTION		UNDERLYING	OR IG CAUSE OF D		A.M. MONTH		100									
THIS CRITIFICATE SHOUN WRITHING THE WORDS "WARDED TO THE CHIEF PAGE 3 SHOULD BE USE TATE DEPARTMENT OF PAGE 1201 PRIOR TO BURIALI TO THE CHIEF PAGE 1201 PRIOR TO THE CHIEF PAGE 1301 PRIOR TO THE PAGE	MEDICAL	21d INJURY O			P.M. ACE OF INJURY	(AT HOME,	21f. LO	CATION								
S CE	ME	WHILE AT WORK	NOT WHILE	STREE	T, FACTORY, FARM, I	TC.)		TREET			CITY OR TOWN		COUNTY		STATE	
WA WA		AT WORK	AT WORK													
L EXAMNER: THIS CERTIFICATE SHE CERTIFICATE SHE CERTIFICATE, WRITING THE WORLD UD BE FORWARDED TO THE CHANNED TO THE CHANNED TO STATE DEPARTMENT OF WITH THE STATE DEPARTMENT OF WARYLAND, 21201 PRIOR TO BURNEY.	17	22a. I certify that I took charge of the remains described above, held an Autapsy XX, Inspection, Inquiry, and in my opinion														
WE WE WE		death resulte	d fram: Naturo	causes	. Accident	, Suice	ide 🔲	, Hamic	ide	Undeter	mined manne	. L.				
MAR. WITH WAR		ACTUAL	M	. 7	000			TITLE (S								
ZHAZEN -	-	SIGNATURE_	11/1	MA	XX		M.	D.ASS1	stant	MEDIC	AL EXAMINE	R S	GNED 3	/13/8	5	
MOE WEE	2	EXAMINER'S	NAME JA	nn M	Dixon,	M D			111 T	Donne+	root D	21+0 M	ID 212	01		
TO MEDICAL E EXECUTE THE PAGE A SHOU AFTER DEATH, BALTIMORE, M		(TYPE OR PRIN	11)		· · · · · · · · · · · · · · · · · · ·			ADDKESS_			reet,B	arco,M	D 2121	ΛŢ		
FORFAG	23a.B	URIAL, CREMAT	ION, REMOVAL 23	3/15/	Q 5 73c	NAME OF CEM	ETERY O	RCREMATO	DRY 1	23d LOC			COUNTY	Mď.	TE	
34 BP		UNERAL DIRECT	I OD	3/13/	1 60	Castvi	ew I				Balti		040.040			
DHMH - 17			ch F/H	T - A0	OFFSS O 1 T	Non-1	h A			REC'D. BY R	EGISTRAR 2	DE REGISTRA	K'S SIGNAT	URE		
(VR A15 ME (5))	WI	i c mai	CH F/H	THC.	TIOI	Nort	II AV	enue	AK I	4 108	5	- distingu	~ Gand	alle		



BP_ DHMH - 16 50M 4/83

(VRA 15, 4)

injury, or other troumotic event,

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

091121

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEAT	TH	REG. NO).			
1. DECEASED NAME FIRST	MIDDLE	- 1	AST		20. DATE OF DEATH	MONTH DAY YEA	20. 1100K		
(TYPE OR PRINT) WA	LTER	BR	OWN		Mai	rah 26,1985	11 /7 M		
3 SEX	4. RACE	S. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS		
Male	Black	3		00	85	YRS.			
To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	[X]		9. BALTIMORE CITY OF	COUNTY OF DEATH	н —		
Virginia	U.S.A.	MARRIE	D NEVER MARK		BALTIMORE	CITY	MD.		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL				120 USUAL OCCUPATIO	OTITI	ID OF BUSINESS OR		
BALTIMORE CITY	UNI ON MEMO	ORIAL HOSP			TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	TRY		
USUAL RESIDENCE (IF NURSING HOME		ENCE BEFORE ADMISSION) OR TOWN	1 13d INSIDE CITY L	IAAITS?	13e.STREET ADDRESS /	7IP CODE	21218		
Maryland		ltimore	YES X NO			ke Ave.A	Apt. 505		
14 FATHER'S NAME			15 MOTHER'S MA	IDEN NAM	NE SE				
Emmitt	MIDDLE R	LAST OWN	Rosa		WIDDLE	Bros	LAST		
160 WAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17 INFORMANT	<u>a</u>	ADDRES	Brow	V 11		
	GIVE WAR OR DATES)	IAL SECONII I I I O	John Bi	rown	9 N. Mona	astery Av	renue		
18 CAUSE OF DEATH (Enter	a allu a an a a usa nas luna for t	a) the and see				API	PROXIMATE INTERVAL		
PART I. DEATH WAS CAU	SED BY	1 4	C 11. W	1	1	BEIV	EEN ONZEL AND DEATH		
IMMED	ATE CAUSE (0)	riate canco	or with	nu ra	siesco				
	DUE TO, OR AS A C	ONSEQUENCE OF				6 1 E E E			
Conditions, if any, which	(b)								
gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF							
underlying couse lost.	underlying couse lost.								
PART 2 OTHER SIGNIFICAN		TING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PAR	Tito		
	DIC /								
Unto niù 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, WERE FIR			
SE					VESTI NATI	IN CERTIFYING CAU	ISES OF DEATH?		
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		214 HOW/INITIES	V OCCUPP	YES NOTURE OF INJUR	YES _			
	- 110110 441 410	NTH DAY YEAR	210 110 00 11430 11	OCCORR	ED (ENIEK NATURE OF INJUK	TIN HEM IN PART TORPAR	1 2)		
S (IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19							
		200							
214 INJURY OCCURRED	21e. PLACE OF INJUI		211 LOCATION STREET		CITY OR TOV	wn count	Y STATE		
OR CONTRIBUTING CAUSE OF	(AT HOME, STREET, FACTO				CITY OR TOV	wn COUNT	Y STATE		
AT WORK AT WORK	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC }	STREET	9 85	city or tov	vn count	state		
22a. certify that (1) this ha	spital attended the deceas	ed from	STREET 1		_, to_March	26 19 PS	, that (I) fwellost		
220.1 certify that (1) (this has saw the deceased alive above (1)) (we) (did) (did	(AT HOME, STREET, FACTO	ed from	STREET ROW 77 , 11 nd that in (my) four		city or 10v , to	26, 19 PS	, that (I) well ast the causes stated		
220.1 certify that (1) this has sow the decease alive above (1) (we) (did) (did) (22b. SIGNATORE	spital attended the deceas	ed from	DEGREE ATTER	opinion d	, to	25, 19 PS the and hour and from	, that (I) fwellost		
220. Certify that (1) this has saw the deceased alive above (1) (we) (did) (did) (22b. SIGNATORE	spital attended the deceos on March 26 not) view the body after dec	ed from	DEGREE ATTER ATTER PHYS	opinion d	, to	25, 19 PS the and hour and from	, that (I) well ast the causes stated		
220. I certify that (1) this has saw the decease alive above (1) (we) (did) (did) (276 SIGNATORE	(AT HOME, STREET, FACTO spital) attended the deceos on March 746 not) view the body after dec	ed from	DEGREE ATTEI PHYS 22e ADDRESS	Opinion d	, to	te and hour and from	, that (I) well ast the causes stated		
220. I certify that (1) this has saw the decease alive above (1) (we) (did) (did) (276 SIGNATORE	spital attended the deceos on March 26 not) view the body after dec	ed from	DEGREE ATTEI PHYS 22e ADDRESS	Opinion d	, to	te and hour and from	, that (I) well ast the causes stated		
220. I certify that (1) this has sow the deceased alive above (11) well digit (didition) (27b. SIGNATORE 22d. PHYSICIAN'S NAME (TYLL) VICTORIA 230. BURIAL, CREMATION, REMOV	spital) attended the decease on March 216 not) view the body after decease of Narch 216 North	ed from Rebre oth. 19 85, o	DEGREE ATTEI PHYS 22e ADDRESS	Dopinion d	medical STAF DIRECTOR PHYSICI	te and hour and from	that (I) We Nost the causes stated ATE SIGNED		
220.1 certify that (1) this has sow the deceased alive above (11) (we) (idig) (did) (22b. SIGNATORE 22d. PHYSICIAN'S NAME (TY) VICTORIA	(AT HOME, STREET, FACTO spital) attended the deceos an March 26 not) view the body after dec Vanuk VANIK, M.D. AL 23b DATE	ed from Rebre 19 #5., o	DEGREE 22e ADDRESS UNION	Opinion d NDING SICIAN MEM MATORY	medical Staf DIRECTOR HOSPI	te and hour and from 122c. D	the couses stored ATE_SIGNED Z4 85		
220. I certify that (1) this has sow the deceased alive above (11) (we) (did) (did) (27b SIGNATORE 22d PHYSICIAN'S NAME (17) VICTORIA 230 BURIAL, CREMATION, REMOV	(AT HOME, STREET, FACTO spital) attended the deceas on March 216 not) view the body after dec VANIK, M.D. AL 23b DATE 4/1/85	ed from Ribre oth. 19 85, o 23c NAME OF C Baltin	DEGREE ATTER PHYS 270 ADDRESS UNION CEMETERY OR CREA	NDING SICIAN MEM MATORY 1250 DATE	medical Staf DIRECTOR HOSPI	TAL COUNTY	that (I) (We) Jost the causes stated ATE, SIGNED, 24, 85		

778	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST PAGE OF DEATH MONTH DAY YEAR 126 HOURE								
		CEASED NAME FIRST OR PRINT)		WIDDLE		AST	2a DATE OF DEATH		26 HOUR		
A)			OUISE	S.		NSON	March 30			GAM	
")	3 SE		4 RACE	The Local State	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS MIN.	
1	7- 01	Female	Wh:	ite F WHAT COUNTRY?	Dec	. 3, 1910	74	YRS.	- DE AYU		
(8)		(OUNTRY)				D NEVER MARRIED	· · · · · · · · · · · · · · · · · ·				
P /		llinois TY OR TOWN OF DEATH		USA HOSPITAL NURSIN	WIDOWE G HOME O	DR OTHER INSTITUTION	12a USUAL OCCUPATI	ION		MD. KIND OF BUSINESS OR	
Setting 1	E	Baltimore	4 Upl	and Road	ADDRESS)		Secreta		Me	dical	
d musk	13a. S	AL RESIDENCE HE NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	136 CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES MO	13e.STREET ADDRESS A Upland	Road,	21210)	
20	14. F.A	THER'S NAME FIRST Dudley	Shoemaker			15 MOTHER'S MAIDEN NAME Ellenor	MIDDLE	Mille	TZALI		
medicol		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES!	218 09 5		Lawrence S	ADDRE Shoemaker		onium	n, MD	
removol.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUS IMMEDI	anly one cause pe SED BY: ATE CAUSE (a)	CARDIE RESI	PI RATE	DRY ARREST			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH	
remation, or her troumati		Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							!		
or of		underlying cause last	(c) (c)	ATHEROS			INIAI DISEASE OR COAL	DITION CHIEN	15 ye		
injury, o	NO		NIA	LON TRIBOTING TO E	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO		
Your only	CERTIFICATION		/A	-	DPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					GS USED OF DEATH? NO [
tem 18 sh	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	ORPART 2)		
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY OFFICE F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
21 is mo		220.1 certify that 1)(this has saw the deceased alve a abave (1) we) (did) (did	pital) attended to	the deceased from 19	Dec.	nd that ((m)) (aur) apinian (to death accurred on the do	12 19_ ate and hour an		hat ((we) lost auses stated	
NT: If Item		226 SIGNATURE	Volum	roed			MEDICAL STAP	ff IIAN 🗌	220 DATES	IGNED 198:	
with the Stat		Dr. Serena		MD		3612 Falls	Road, Bal	to., M	ID 21	211	
3 <	230 B	URIAL, CREMATION, REMOVA	23b DATE 4/1/			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	C)	OUNTY	STATE	
OM 7/84	24 F	Cremation INERAL DIRECTOR Her		Jenkins 8		n Mount	Balto. REC'D. BY REGISTRAR	Sh. REGISTRAF	R'S SIGNATU	IDE	
5, 4)	4	905 York Ro	-			212 APR	2 1985 3	ette David	son-yan		

A S Contract of the Contract o	N VUT	IU	
	0191 2 50	Water	es ei
altimona City			elcriii
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ya Ugland Podd, 21240	×	odina	
Millish		ne in product	21.0
Consum, Timonium, ND	c = 1 30	es an ere	
The state of the s		The stay of	
Martin and the same of the sam	Tel. (1961)		
	Fuer		
		THE RESERVE	
State of the state			2 2
Road, Balbs., MD 21211	2612 Falls	GW , meit-fles	Dr. seer
III OM		19 14	
12 05 1	21212	S Entered A mane	Habey (DE)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	11.	STATE REGISTRAR		DEI ARTI		CATE OF DEATH	REG. N	0.	
18 DES		CEASED NAME	1	MIDOLE	Rai	isi Int	20 DATE OF DEATH	MONTH DAY YEA	1.220
ego	3. SE	HIII	4. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TY	EAR IF UNDER 24 HRS ATS HOURS MIN.
o (1)	7a B	RTHPLACE (STATE OR FOREIGN	WH T	WHAT COUNTRY?	8	19/03	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
e de la	a	ARY LAND	US		WIDOWE	-5.0	1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ORE CITY	MD.
s offer		BALTIMORE	LEVIN	DALE	REW H	ROTHER INSTITUTION OME	PUBLIC COLPATION OF THE PROPERTY OF THE PROPER	MOGNET PROMISE	ID OF BUSINESS OR IRY
filled in hould be	13a :	ALPLAND	OTHER INSTITUTION	BALTIMOF	/N 1	13d. INSIDE CITY LIMITS?		ZIP CODE	#21215 APT. 2D
ond 2 s		THER'S NAME FIRST ABRAHAM	MIDDLE	SEIDMAN		15. MOTHER'S MAIDEN NA FIRST SARAH	MIDDLE		ERMAN
on and c		NO	/E WAR OR DATES)	577.16	5- 40y	O 3611 LABYE	EVA SEIDMAN	PT. 2D #2	1215
ng physicia banpapers r remaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause pe D BY. TE CAUSE (a.	r line for (a), (b), on	PHEU	MONIA		APP BETW	RÖXIMATE INTERVAL EEN ONSET AND DEATH
by the attendi		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	DR AS A CONSEOU DR AS A CONSEOU		severe 1	ARKWSON!	i diseasé	
requires the signed or to burial y injury, or	NOIT	PART 2. OTHER SIGNIFICANT							
no no permi	CERTIFICATION	190 DATE OF OPERATION			OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WERE FIR IN CERTIFYING CAU YES	ISES OF DEATH?
PHYSICIAN: The ending physicion this certificate he burial-transit and Mental Hygie dar Item 18 sha		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	3111	OF INJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	7 2)
ING PHY r attending of the bu lith and M arkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
spiral o Spiral o CTOR: for use of Hea		22a I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no		23 19	25,00	d that in (my) (aur) apinian	to 3 2.3 death occurred an the de	19 85	, that (I) (we) lost the causes stated
he he he hache lacke		22b. SIGNATURE	1.1.	ir	C	ATTENDING PHYSICIAN	MEDICAL STAI	FF .	3-20, 85
FO HOSPITAL etained by the TO FUNERAL should be detuyed the State with the State.		22d. PHYSICIAN'S NAME (TYPE O		WAR		2434 Bel	idale Hebi		rec Ctre +
BP		BURIAL, CREMATION, REMOVAL	3-25-	·85 WC	OODMOO:	ONTEFICRE R HEBREW CONC			STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR SOL I	EVINSON WN RD.,	BALTO.,	INC.	215 250 DAT	PR 2 - 1985	25b DEGISTRAR'S SIGI	NATURE POLICE

BURKER PARENCE - P

nermust be notified of asce.

APORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the medical

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY - YEAR	26.

1		CEASED NAME	FIRST	A	AIDDLE	U	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	8
	11100		NDREW			BUGDA			MARCH 18	1985		2.15	· »M
-	3 SEX			RACE		5. DATE O			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 2	
		M	300	W		MONTH	- 8 - 192	YEAR	65	DATS	HOURS	MIN.	
		RTHPLACE (STATE ORF	OREIGN 76	CITIZENOF	WHAT COUNT	DV2 8	NEVER MAR		BALTIMORE CITY O	R COUNTY	OF DEATH		
5		ENNSYLVAN	AIR	U.S	i.A.	WIDOWE			Baltimore	City			MD.
-		TY OR TOWN OF DEA			OSPITAL, NU		R OTHER INSTITU	TION	12a USUAL OCCUPATI		126 KIND C	F BUSINES	SSOR
3		Baltimore		Marul	and Ge	neral Ho	ospital	- V-	FORK LIFT (DPER.	G.N	1.	
1		AL RESIDENCE (IF NURSI	NG HOME OF OT		13t. CITY OR 1	OWN	138. INSIDE CITY I	LIMITS?	13e.STREET ADDRESS	ZIP CODE	3	41213	
2		MD.		= 011	BAL	.TO	YES X NO			CHMO	NP A	VE.	
	14 FA	THER'S NAME		DOLED	EAST		15 MOTHER'S MA		MIDDLE		LAS	ST.	
			111	Sug				MA	ADDRE	cc			
		VAS DECEASED EVER		VAR OR DATES)	165 SOCIALS	3-1912	Hu ade	DD. P.	A 1	310 F	Richm	2121 and 0	ive.
		18 CAUSE OF DEATH			line for (o), (b), and (c).)					APPROX BETWEEN	MATE INTERV	VAL
П		PARTI DEATH W	ASCAHISED	RY.			rcinoma c	of Col	on		2 u	ears	
			DYDYIEDIATE		KKXXXXX								
		Conditions, if ony,	which	,			ru arrest	_					
П		gove rise to imm	nediote		R AS A CONSE		9 441						1
		underlying cause last.											
		PART 2. OTHER SIGN	HEICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIT	NAL DISEASE OR CON	DITIONGIVE	EN IN PART 1	01	
	CERTIFICATION								E STEE				
	ICAI	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WE	TICH OPERATION	ED	206 AUTOPSY? 206. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D YES NO					
4	RTIF												
3		21a. ACCIDENT WAS UND		116 TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)		
1	CAL	(IF EITHER, NOTIFY MEDIC		P./	М.	19	12.00						
	MEDICAL	214 INJURY OCCURR		21e. PLACE (OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OF TO	WN	COUNTY	ST	TATE
	~	AT WORK AT WOR	ILE										
		22a I certify that XI)		notion ded the March	70	OF	,	9 85				that (12/w	
		saw the decease above, XX we) (d	id alive on lid) (d X X X			9 <u>85</u> , or	nd that in (My*(ou	r) opinion d	eath accurred an the de	ste and hour	and from the	couses stat	ted
		226. SIGNATURE	. /	M	-	4 1	DEGREE	NIDINIC	MEDICAL STAL		77L DATE	HIGNER	
		Sau	y w.	1119	relle	20 11	PHY:	NDING SICIAN	MEDICAL STAI		2/	18/8	5
		228. PHYSICIAN'S N					22e ADDRESS			6.0	/	/	
				rritts,					General H	ospita	1		
		SURIAL, CREMATION,		3-20	100000000000000000000000000000000000000	2	EMETERY OR CREA		23d LOCATION	- 11	COUNTY	51	TATE
	24 E1	WERAL DIRECTOR	ML	3 20		MAKW	GOD CE	ISO DATE	REC'D. BY REGISTRAR	256 DECISTO	DAP'S SIGNAT	TIPE	
	0	NAME -	in.	- 757	7 MADORI	550 1	0-1	MA	7 1 9 1985	, a la Da	undan-1	andella	la ;

ESTINE.

14 8 1920 86 W PLANSTEVANIA DISA X ARRAYATEMAN M P AND THE SOUTH TO SEE THE PARTY OF THE PA Ma BAUTO X 3410 DICKMOID AVE. MAN IT ILE 18-1918 MAN CALLED P. BURGER BORD POWER BOY ADJUNE S DO 85 PROGUEDOS CEM BASTO, MO

The I'll beneficit First - while It of

physician and campletely filled in by the funeral directar, p npapers. Pages 1 and 2 shauld be filed within 72 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages I with the State Dept. of Health and Mental Hygiese prior to burial, cremation, or removal.

WHOPATANI; If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

executed within 24 hours ofter

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

STATE

STATE OF MAKTLAND	26
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

EPARTMENT OF HEALTH AND MENTAL HYG	IENE S	U		J	
CERTIFICATE OF DEATH	REG.	NO.			
LAST	20 DATE OF DEATH	MONTH	H DA	Y Y	EAR
Puio	March	16	105	25	

	REOISTRAR						REG. N	J				
	PECEASED NAME FIRST		MIDDLE		AST			MONTH	DAY	YEAR	2b. HOL	JR .
	Edwa	rd L	ee	Bui	е		March 1	6,]	1985			M
3. S	SEX	4. RACE	4	5. DATE C		Acres	6. AGE (IN YEARS LAST BIR	[HDAY]	MONTHS:	R I YEAR	# UNDER	MIN.
	Male	Blac	k	5 BONTH	3 4	32	52	YRS		UAYS	HOURS	WIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8			9. BALTIMORE CITY O			ATH		
	N.C.		USA	MARRIE	D NEVER N		Baltimo					
10.	CITY OR TOWN OF DEATH	II NAME OF	- 1011	WIDOWE NURSING HOME O	Toward .	ORCED	120 USUAL OCCUPATI		-	KINDO	F BUSINI	MD
	Baltimore	(IE NOT IN SHO	HEACHITY GIV	elyn Ave			(TYPE OF WORK FOR MOST C			USTRY		.000
	UAL RESIDENCE (IF NURSING HOME O				enue						_	
13a	STATE 136 COL	NTY	13c. CITY O	timore	13d INSIDE CI	TY LIMITS?	130.STREET ADDRESS 2605 L1	zip cc ewe]	DE Lyn 2	4ve	. 21	21:
14.1	FATHER'S NAME		177	AST		MAIDEN NAM						
	Jessie	MIDDLE Em	ersoi		Flo	ra ra	J.		Bu:	ie ias		
16a	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIA	AL SECURITY NO.	17. INFORMAL	NT	ADDRE	SS				
	(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	239.	-42-231	Flor	a Buie	e 2605 Lle	ewe]	Lyn A	Ave		
=			-		1						MATE INTE	RVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:			0000001	Anak	CARCINOMA		-		1US	DEATH
	IMMEDIA	ATE CAUSE (o)	W6 24	STATIC H	3017ATIC	MAN	July Chould		-	101	102	
		DUE TO O	RASACON	SEQUENCE OF								
	Conditions, if any, which	1	K AS A CO.	-SEG-OEIT-CE OT								
	gove rise to immediate	(b)										
	cause (a), stating the	DUE TO, O	R AS A CON	SEQUENCE OF								
	underlying couse lost.	((c)										
	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTIN	NG TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION	GIVEN IN I	ART In	0	
NO												
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		YES, WERE			
문							YES T NOT	IN CER	TIFYING (AUSES	OF DEA	
FR	210. ACCIDENT WAS UNDERLYING	21b. TIME C	E INTUIDY		1214 HOW IN	ILIDY OCCUPD	ED (ENTER NATURE OF INJU	N. 10. 107.44	[]	D 4 D 7 O 1	140 [
			M. MONT	TH DAY YEAR	216.110 11 114.	JONI OCCORR	ED (ENIER NATURE OF INJU	KT HO II CAN	IO PARI I OR	PARI ZJ		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.	M.	19								
8	21d. INJURY OCCURRED	21e PLACE		OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR TO	WN	co	UNIY		STATE
Σ	WHILE NOT WHILE AT WORK	TAI FROME ST	REET, FACTORY,	OFFR.E, FARM, ETC.)								
	22a.1 certify that (I) (this has	pital) attended th	e deceased	from		. 19	, to	•	., 19		that (1) (we) lost
	sow the deceased alive a above, (I) (we) (prd) (did n				nd that in (my)	(our) opinion o	leath accurred on the d	ote and I	nour and f	om the	couses st	oted
	obove, (I) (we) (prod) (did n	iot) view the body	ofter death		DEGREE				22	DATE	SIGNED	_
	Sur	My			A	TTENDING PHYSICIAN	MEDICAL STA	IAN	_ "	3/1	9/0	
	220 PHYSICIAN'S HAME (TYPE	Sky, El	lic K		220 ADDRESS	s chus Hap	Mins Oucoky	y Cer	ten 60	א מ	, WOLF	est.
230	BURIAL, CREMATION, REMOVA	L 23b DATE		23c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUN	77		STATE
	Burial	3/20/	185	Balti	more C	em.	Balti	mor				QQ_
24	FUNERAL DIRECTOR	, 7		1 4 4			REC'D. BY REGISTRAR	25h REG	US PRIARIE	SIGNAT	**** * * * * * * * * * * * * * * * * *	
	Wm. C. March	F/H	1101 AD	E. Nort	h Arro	- MA	R 20 1985	d				
E .	4 2207 011	-/		TI & TACT	TI TINC	1 14/17	0.0					

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

McCulty Funeral Home, 130 E. Fort Ave. Balto. Md.

STATE OF MARYLAND

New (athedral (emt.

26 HOUR

HOURS.

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Sakowski

YES T

250. DATE REC'D. BY REGISTRAR 251. REGISTAR'S SIGNATURE

COUNTY

22c DATE SIGNED

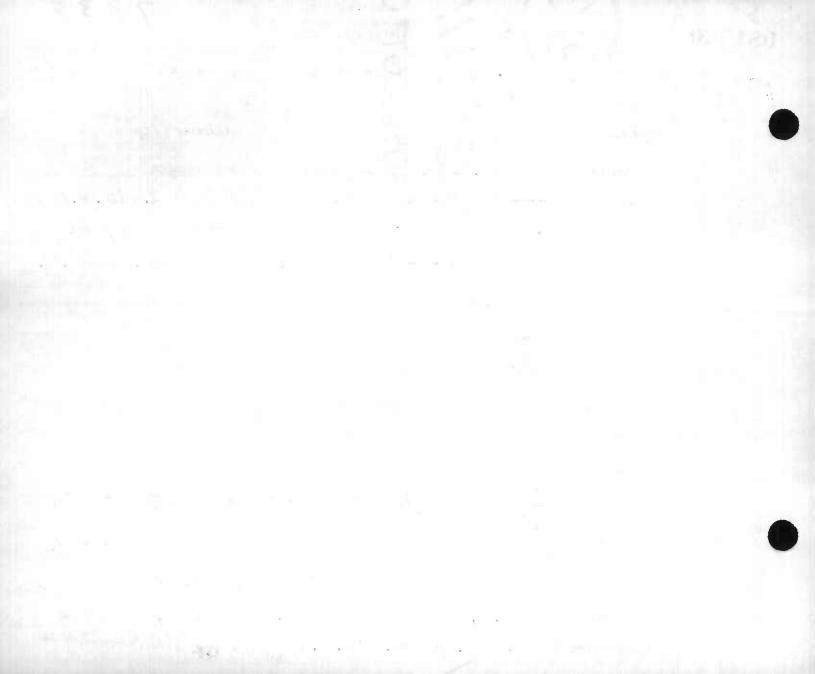
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DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial



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STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYGIENE	-	
CERTIFICATE OF DEATH		

	1-	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME OR PRINT)	CARL		WIDDLE	BURK	ÖWSKE,	JR.	20. DATE OF DEATH	03/	20/85	25 45 am	
	3. SE)	(70.3	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR			6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	1	MALE		WH			/30/1921		63	YRS.			
10		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED		9. BALTIMORE CITY	OR COUNTY	OF DEATH		
2	1	MARYLAND		U.S	5.A.	WIDOWE	D DIVORCED		BALTIMO	RE CIT	Y	MD.	
	10 CI	TY OR TOWN O	FDEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	7	120. USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR	
2		BALTIMOR		ST.	AGNES HO		L		FURNITURE	MAKER	PITTS	WOOD CORI	
1		AL RESIDENCE () STATE	F NURSING HOME OR		13c. CITY OR TOW		13d. INSIDE CITY LIMIT	rs?	13e STREET ADDRESS	/ ZIP CODE			
City	M	ARYLAND	and the same of th		BALTIMO	RE	YES NO		133 PALOR	MO AVE	NUE 21	229	
		THER'S NAME					15. MOTHER'S MAIDE	NNAN					
and a		FIRST		WIDDLE	LAST	an	FIRST		WIDDLE		LAS		
1		CARL			URKOWSKE	SR.	EMMA	_	ADD	DECC		ALKE	
		VAS DECEASED VES, NO OR UNKNOW	EVER IN U.S. ARI	E WAR OR DATES)	166 SOCIAL SECU	KIIY NO.	17. INFORMANT		ADD	(53)		21229	
		YES	WW	II	212-16-	3003	JEANETTE :	L. I	BURKOWSKE	133 P	ALORMO	AVENUE	
					line for (a), (b), and	d (c).)			TO MALE		BETWEEN	MATE INTERVAL	
	3	PART I. DEA	TH WAS CAUSEI	D BY: E CAUSE (0)		Rei	ral failure		110.07				
			11012011		R AS A CONSEQUE	NCE OF	0						
	100	Canditians, if	any, which	(,b)	K A3 A CONSCOOL	Chroni	ic OBstructi	ve "	Pulmonary 1	Diseas	2		
		gave rise to	immediate	(6)					3				
		cause (a), underlying		DUE TO, O	R AS A CONSEQUE	NCE OF							
	-0			(c)									
	z	PART 2. OTHER	SIGNIFICANT	ONDITIONS <u>C</u>	DNTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART 10	0 '	
	9								1	200 15 1/5			
2	CERTIFICATION	190. DATE OF O	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO	IN CERTIF	S, WERE FINDING FYING CAUSES S []		
7	AL	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA	in .	FINJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY O	CCURRI	ED (ENTER NATURE OF IN	IURY IN ITEM 18 F	PART 1 OR PART 2)		
	EDIC	21d. INJURY OC		21e. PLACE		17	211 LOCATION						
	ME	WHILE D			REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET		CITY OR	OWN	COUNTY	STATE	

3/20

STAFF

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

22b. SIGNATURE

(SPECIFY)

BURIAL

23b. DATE

220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive an above, (I) (we) (did) (did nat) view the body after death.

22e ADDRESS

MEDICAL ST. AGNES

230 BURIAL, CREMATION, REMOVAL

WILLIAM L.

23c NAME OF CEMETERY OR CREMATORY

LOUDON PARK

DEGREE

23d. LOCATION CITY OR TOWN

BALTIMORE CITY

STATE MARYLAND

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After the should be deteched for use as with the State Dept. of Health

morked or

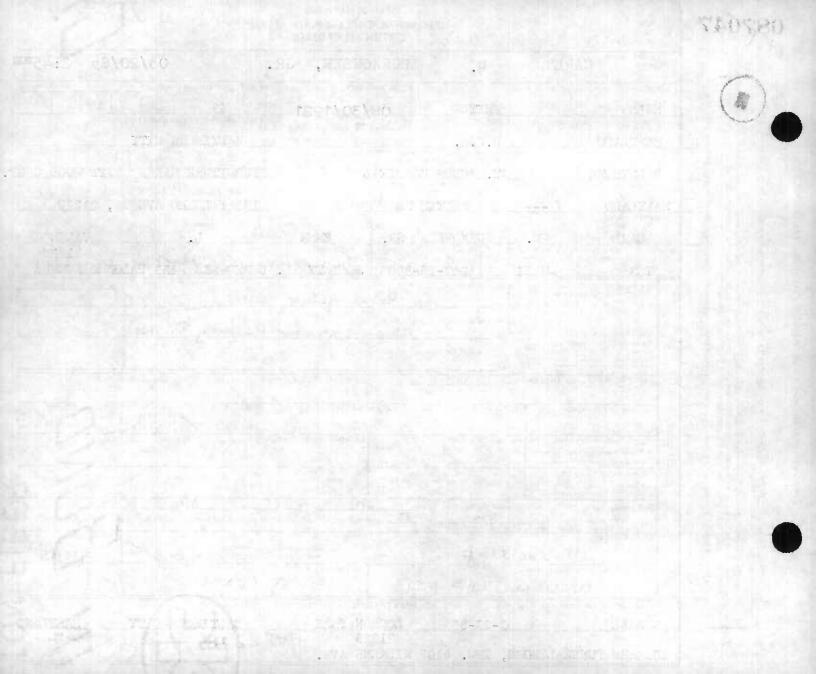
MPORTANT:

21229 24. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

03-23-85

(VRA 15, 4)

HOSPITAL



(VRA 15, 4)

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AND ROLL SA	100	8	LI JA		/ \
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1716 777	×		12.11	Gra	
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1401 Cooks - 34 2/320		Amor Low	J AA	am	
James	e melio	3348	V	esipar(b."	
1302 Hell 31 Coord 1614					
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PARTMENT	OF	HE	ALT	TH.	AND	MENT	i

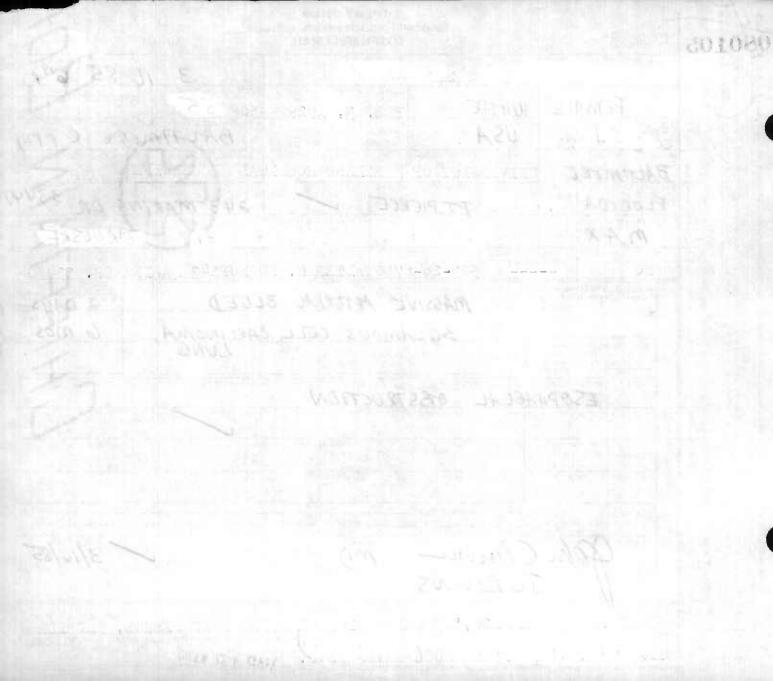
	1-	FOR STATE REGISTRAR	DEPART		H AND MENTAL HYGI TE OF DEATH	REG. NO.	, , ,	
ı		CEASED NAME FIRST OR PRINT) SIEGLII	NDE ADELHE	LAST RI	JRNUP	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR 6 19 P M
	3. SEX		RACE	5. DATE OF BIR	ТН	6 AGE (IN YEARS LAST RIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
l	,	FEMALE	WHITE	FEB.	3. 1929	56 y	RS MONTHS DATS	HOURS MIN.
Į		RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	2 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH	(, ~
l		UTH DAKOTA	USA	WIDOWED	DIVORCED [13/46/11	none	1 / MOJ.
	3	ATMORE /U.	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET NIVERSITY O	ET ADDRESS)		120 USUAL OCCUPATION	FE HON	
1	13a, S		100 01110110	ERCE 13d	INSIDE CITY HMITS?	13. STREET ADDRESS / ZIP (243 MAI	CODE 499	193344
1	M. FA	MER'S NAME	NOACK	15. A	AOTHER'S MAIDEN NAA ELISE	AA ICIDIE	BRUSKE	
	16a. W	ES NO OR UNKNOWN) (IF YES GIVE W.	D FORCES? 16b. SOCIAL SEC		NFORMANT	DRESS		
I		NO	503-26-	-6780WAI	LTER G. BU	JRNUP243 MAF	RINA DR.	33450
		18. CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED 8 IMMEDIATE C	MACCI	VE AR	TERIAL B	LEED	2	DAYS
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	UENCE OF	CELL	ARCINOMA,	6	mos.
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		LUNG		
	NO	PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO	STO UCT	RELATED TO THE TERMI	NAL DISEASE OR CONDITION	NGIVEN IN PART 110	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	h operation wa	AS PERFORMED		IF YES, WERE FINDIN ERTIFYING CAUSES YES [
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hospital)	ottended the deceased from			, to		that (I) (we) last
		sow the deceased alive on above, (1) (we) (did) (did nat) v	new the body after death.			leath occurred on the date on		
		276. SIGNATURE OF A C	Arione	DEGR	ATTENDING _	MEDICAL STAFF	DATE 3/	16/85
		226. PHYSICIATY'S NAME (TYPE OF BA	CDOWNS	22e	PHYSICIAN ADDRESS	DIRECTOR PHYSICIAN [, , , ,
					ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1		BURIAL M	ARCH20. 85 V	WHITE CI	TTY CEMENT	THY PORT PIE	POF FIG	DTDA

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR WILLIAM E

MARCH20, '85 WHITE CITY CEMETERY JOHNSON8521 LOCH RAVEN BLVD.

PEGISTRAP 256 REGISTRAPS SIGNATURANTE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

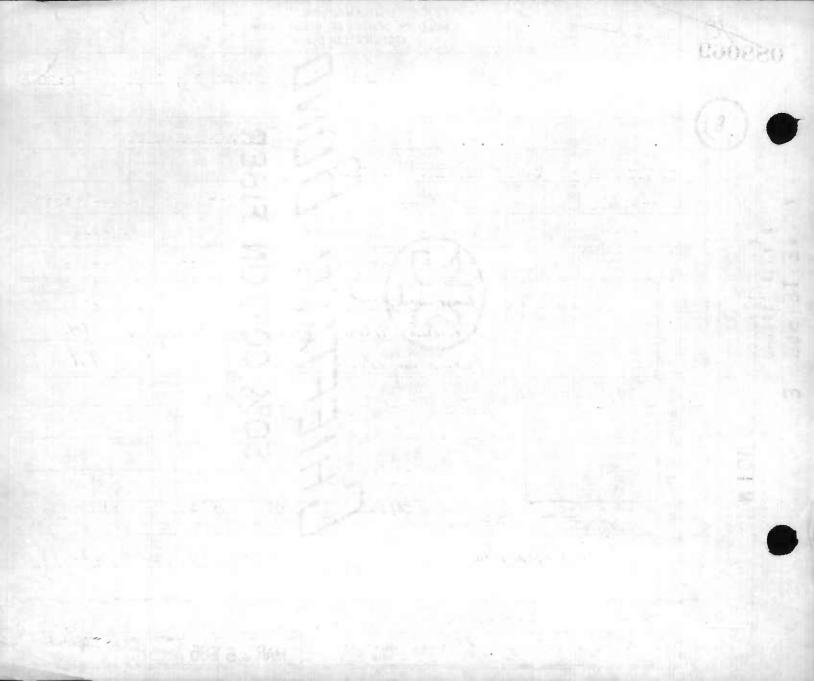
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ELL	A MAE	BURTON	MARCH 22 19	85 6:20 A
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	5 24 16		MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? B X X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
N. Carolina	U.S.A.	WIDOWED DIVORCED	_ IDATEMADE CT	ry MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR
BALTIMORE	JOHNS HOPKI		(TITE OF WORK FOR MOST OF WORKING	INDOSTRI
USUAL RESIDENCE OF NURSING HOME OF 130 STATE 13b COU		TOWN 134 INSIDE CITY LIMI	0017 0 11 0	Street 21218
William	MIDDLE Rolar		N NAME MIDDLE	Sanders
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES C	246-0)5-5905 Ella C.	Burton 2017 Rob	b Street
PART I, DEATH WAS CAUS	only one couse per line for (a), (b) ED BY: ATE CAUSE (a)	via arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONS (b) Atrial DUE TO, OR AS A CONS	phrillation i Naps	id venticular respon	1d.
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GI	VEN IN PART TO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	INCERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OR COLUMNIA COLO	EATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
GENERAL STATES OF THE STATES O	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive a above (I) (ive ((did)) did n	on 3/22 not view the body after death.	A .	onnion death occurred on the date and ha	, 19 , tho (1) we) lost ui and from the couses stated
MEarl M	Grand 5th	DEGREE ATTENDI PHYSICI		22c. DATE SIGNED 3/22/85
276. PHYSICIAN'S NAME (1) PE	OR PRINT)	22e ADDRESS		
23a BURIAL, CREMATION, REMOVA	L 23b DATE	23c NAME OF CEMETERY OR CREMAT		
BURIAL	3/27/85	Arbutus Mem Pi	k Arbutus	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Wm 'C" March F/H Inc. 1104 PREE North Avenue

e MAR 2 6 1985 From June 1985



11	FOR - STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYC TIFICATE OF DEATH	REG. NO	112377
113	ECEASED NAME FIRST PEOR PRINT) Nanc		Burton	March	MONTH DAY 1985 16 HOUR 3 27 85 12:5/m
3. St	Female	Negro	1925 7 31 25	59	MONTHS DAYS HOURS MIN.
is v	BIRTHPLACE (STATEORFOREIGN COUNTRY) irginia	U.D.A. WIDO		Baltimore City of	e City
Ba	ltimore	11. NAME OF HOSPITAL, NURSING HOM (HENOT IN SUCH FACILITY, GIVE STREET ADDRESS)		COOK DIS	126 KIND OF BUSINESS OR INDUSTRY
\$ 5 Ma	eryland 136. COL	PROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION BY TOWN BALTIMORE	134 INSIDE CITY LIMITS?	824 Mt. H	rolly St 2/22
300	ATHER'S NAME FIRST LOUIS	Price	Rosa FIRST	WIODIE	Jordön
160 1 160	MAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO NE WAR OR DATES) 215348439	Josephine	Ditlard/A	1969 Richmond Hwy Llexandria, Va.
notic event, th	IMMEDIA	only one couse per line for (o), (b), and (c), ED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O	presdial In	Jarebai	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 2 -3 -Carr
or other traus	Canditions, if ony, which gove rise to immediate couse (a), stafing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O		is vaseulin	disean 2-6 year
8 shows any injury, o	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BE WELLIAM, ACL 196 CONDITION FOR WHICH OPERA	alama Cara	1	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \)
or Item 18 shows	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	HOUR A.M. MONTH DAY YE	9 211 LOCATION	RED (ENTER NATURE OF INJUR	
n 21 is morked	sow the deceased alive a obove, (1) (we) (did) (did a	pital) attended the deceased from	- 27- 19 83 and that in (my) (our) opinion		te and have and from the causes stated
MPORTANT: 16 Hen	226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE 4 - VEL	ANKARAN	DEGREE ATTENDING PHYSICIAN [220 ADDRESS ST. Balling	MEDICAL STAFF DIRECTOR PHYSICI Agree Has	
230. B	BURIAL, CREMATION, REMOVA (SPECIFY) UP1 a1	4/1/85 Arbi	r CEMETERY OR CREMATORY	1 23d LOCATION CITY OF TOWN Arbutus	(Bed+orCo) Md.
50M 7/84	TRSHALL W.JO	NES, JR/41010DREEDMON	DSON AVE APR	F REC'D. BY REGISTRAR 7	Sh. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

1. 3. 1 . 13 AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR the second state of the se

POR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	1	J	4	dies

- 1		REGISTRAR						RE	G. NO.				
1		CEASED NAME FIRST	MID	DLE	ı	AST		20 DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOU	JR
1	1	Helen			Busl	n		March	12,	1985			М
1	3. SE)	(4. RACE		5. DATE C			6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HRS
	F	remale	Blac	k	12	25	17	67	YR	S.			
1		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9. BALTIMORE CI	TY OR COUN	ITY OF DE	ATH		
9		N.C.	US	A	WIDOWE		VORCED	Baltin	more (City			MD.
d	10 CI	TY OR TOWN OF DEATH	11. NAME OF HO	ACILITY, GIVE STREET	ADDRESS1	OR OTHER INS	TITUTION	12a USUAL OCCL			KIND O	F BUSINI	ESS OR
1		Baltimore	Provi	dent H	osp.								
5		AL RESIDENCE (IF NURSING HOME OF		VE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDR	ESS / ZIP CO	ODE			
2		ID		Baltimo	ore	YES 🔣	NO 🗌		ryant	Ave	. 21	1217	1
	14. FA	THER'S NAME FIRST	MIDDLE	LAST			S MAIDEN NAM	AE MID	DLE		LASI	ı	
C							llie			Mo	oss		
ì	.0		E WAR OR DATES	SOCIAL SECU		17. INFORMA			DDRESS				
1	N	10		214-22	-110	Clar	ence E	Bush 220	01 Bry				
Π		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per lin	e fog (0), (b), and	d (c).)						APPROXU	MATE INTE	DEATH
			E CAUSE (a)	Tun	9	and					,		
			DUE TO, OR A	S A CONSEQUE	NCE OF								
	- 6	Canditions, if ony, which gove rise to immediate	(b)										
		couse (a), stoting the	DUE TO, OR A	S A CONSEQUE	NCE OF								
		underlying cause lost	(c)										
	z	PART 2. OTHER SIGNIFICANT	1	TRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN I	PART Ito) ·	
_	CERTIFICATION	19a DATE OF OPERATION	eneral energy	ON FOR WHICH	OPERATIO	NI VALAS DEDEC	DAAED	20a AUTOPSY?	120h IE	YES, WERE	E EINIDIN	ICS HEE	
1	FIC	198 DATE OF OPERATION	178. CONDITIO	DIA LOW MUICH	OFERATIO	N WASTERIC	KWED		IN CER	TIFYING (OF DEA	TH?
-	ERT	21a, ACCIDENT WAS UNDERLYING	7 21b. TIME OF I	NJURY		121r. HOW IN	UURY OCCURR	YES NO		YES DARILLOR	PART 2)	NO [
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA			JOHN OCCORR	CD (EMIERIANIONE C	A HATOKI HATIEM	TO PART TOR	7 200 1 2 7		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M.	INTURY	19	211. LOCATI	ON						
	ME	WHILE NOT WHILE		, FACTORY, OFFICE, F.	ARM ETC)	STREE		CITY	ORTOWN	co	YIMU		STATE
		220. certify that (I) (this hasp	tal) attended the	deceased Iram	00	tolow	10 85	12 077	100 13	10 8	5	that (I)	we) lost
		sow the deceased alive on	mar 4	19 6	85.01			leath accurred on	the date and	haur and f	rom the		
		obave (I)(we) (did) (did no	view the body at	ter death.		DEGREE				72	C DATE	SIGNED	
		Juso.	1 ()00	001 011)		ATTENDING	MEDICAL	STAFF	-	3/10	510	7
+		226 PHYSICIAN'S NAME (TYPE	DR PRINT)	rnan		22e ADDRES	PHYSICIAN S	IRECTOR PI	A A		7,00	10	2
		Susan Der	mar	1		52	00 80	istern	AveB	MH	93	122	4
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d. LOCATION					
	(Burial	3/16/8	5 Ma	rvla	nd N-	. Mer	n Lau	_	COUN	14	MD	STATE
	24 FL	JNERAL DIRECTOR			· y · a	re Mat		REC'D. BY REGIS		ISTRAR'S	SIOPPATI		
	V	Vm. C. March	F/H 11	01 E.	Nort	h Ave	. MAR	1 8 1985		477 14007	- Mari		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

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n signed by the attending physician and c. Then please remove corbonpapers. Pages to buriol, cremotian, or removal.

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STATE OF MARYLAND FOR - STATE REGISTRA

DEPARTMENT OF HEALTH AND MENTAL HYGICUE

1 - STATE REGISTRAR			DEFARIN	_	ICATE OF D		REG.	NO.				
I. DECEASED NAME	FIRST		MIDDLE	0	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	.55
/	CATHER	INE	LOUISE	40BI	JILER			3	4	85	- 4	PM
3. SEX		4 RACE		S. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)		ER TYEAR	IF UNDER 2	
FEMALE		WHIT	E	MONTH DAY YEAR 155			69 69	MONTHS	DAYS	HOURS	MIN.	
COUNTRY)	E (STATE OR FOREIGN 76 CITIZEN OF			8 MARRIEI	NEVER N	ARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH					
MARYLAND		U.S.A		WIDOWE		ORCED	Baltimo	re Cit	У			MD.
10. CITY OR TOWN OF DEA	TH	(IF NOT IN SUC	OSPITAL, NURSIN	ADDRESS)	R OTHER INST	ITUTION	120. USUAL OCCUPA		12L	KIND OF	BUSINES	SOR
Baltimore		St. Ag	nes Hosp	ital			Machine	Operat	01	Comp	any	Spe
USUAL RESIDENCE (IF NURS) 130. STATE Maryland	136 COUN		Baltimo	V	13d. INSIDE CI YES TX	TY LIMITS?	136.STREET ADDRESS				21230	
14 FATHER'S NAME		100 100			15. MOTHER'S	MAIDENNA						_
Theodor		AIDDLE	Schro	ler		ssie	MIDDLE			Eck	ert	
16a WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAL	VĪ	ADD	RESS				
(AES' NO OKTHORNOMU)	(IF YES, GIVE	WAR OR DATES)	216-24-6	5807	James	M. But	tler, Jr.	10 W.	Hea	th St	. 2	1230
18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED		line for (a), (b), and	ite !	respir	atory	fentus	e		APPROXIM BETWEEN OF	NATE INTERV	AL EATH
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PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO					INAL DISEASE OR CO			PART 110		

a ACCIDENT WAS UNDERLYING			YES NO	YES NO
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2]
NORK NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY STAT
20.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)) attended the deceased from	nd that in (my) (our) apinio	, to, to	, 19, that (I) (we)

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRES

DIRECTOR PHYSICIAN P

STAFF

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal IMPORTANT: 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1

236. DATE 3/7/85

23t. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park

23d. LOCATION Elkridge

MEDICAL

Howard Maryland

24 FUNERAL DIRECTOR

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

ma waydown Bandalle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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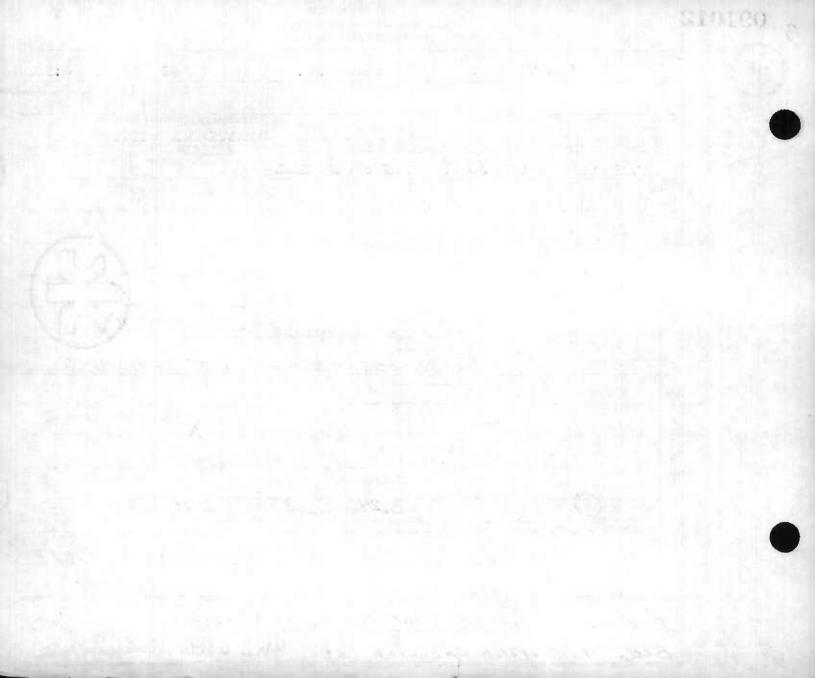
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been signed by the attending. Then please remove corprior to burial, cremation, or gany injury, or other troumati	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH	DEATH BU			NAL DISEASE OR CONI	720b. IF YES, WE	RE FINDING	S USED
and	ERTIFIC	71g. ACCIDENT WAS UNDERLYING	21b. TIME C	AE IN II IPY		121c HOW INII	IRY OCCUPP	YES NO	IN CERTIFYING]	NO []
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TO HOSPITAL OR retained by the h TO FUNERAL DIR should be detached with the State Dept.		276 SIGNATURE THE TANK 276 PHYSICIAN'S NAME	O (1 REE OR PRINT)	thy.	M.		TTENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	226	3/2	35/85°
Show Show	23n F	SURIAL, CREMATION, REM	10VAL 23b. DAJ	Levi TSK	31 NAME OF CI	METERY OR CI	DE MATORY	1236. LOCATION				
BP	1	BURIAL	3/2	4/85	mt. 2			SHORTOWN STATE	7.	COUNTY		m.D.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	JNERAL DIRECTOR Bett F/	H 112	N. CAR	OLINE	st.	250 DATE	REC'D. BY REGISTRA	gulia	David	SON-A	andelle



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nit. I	ATIK	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDINGS USED
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insit insit iygie 3 sho	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21	. HOW INJURY OCCURR			
m 18		OR CONTRIBUTING CAUSE OF DEA		// NOOI 14				
Ment T He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJURY	19 21f	LOCATION			
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Vse Vse A			tal) attended the deceased from			, to		that (1) (we) last
of for		sow the deceased alive on above, (1) (we) (dyd) (did no	t) view the bady ofter death.	, ond th	at in (my) (aur) opinion o	leath occurred on the d	ote and hour and	from the couses stated
L DIRECTOR		22b. S10	me	DEG	ATTENDING PHYSICIAN	MEDICAL STA	FF	5/3/45
Stor Stor		22d PHYSICIAN'S NAME LIVE C	R PRINT)	22	ADDRESS	DIRECTOR PHISIC	N.	D 00
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O 8 2 8		,	00,000					MAN

2353-19-85

Owings

230 BURIAL CREMATION, REMOVAL (SPEC Burial

Garrison Forest

Mills, Md.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Marshall W. Jones, Jr. Edmondson

MAR 1 8 1985

3 14 95 11 35 Junes E Milbert constant and are the first the party and the Tell market 150 1 5 To the time that the 95 W 150 mm 200 1500)

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

23h. DATE

230. BURIAL, CREMATION, REMOVAL

COUNTY

22c. DATE SIGNED

2b. HOUR

126 KIND OF BUSINESS OR

Domest

LAST

NO []

IF UNDER 24 HRS

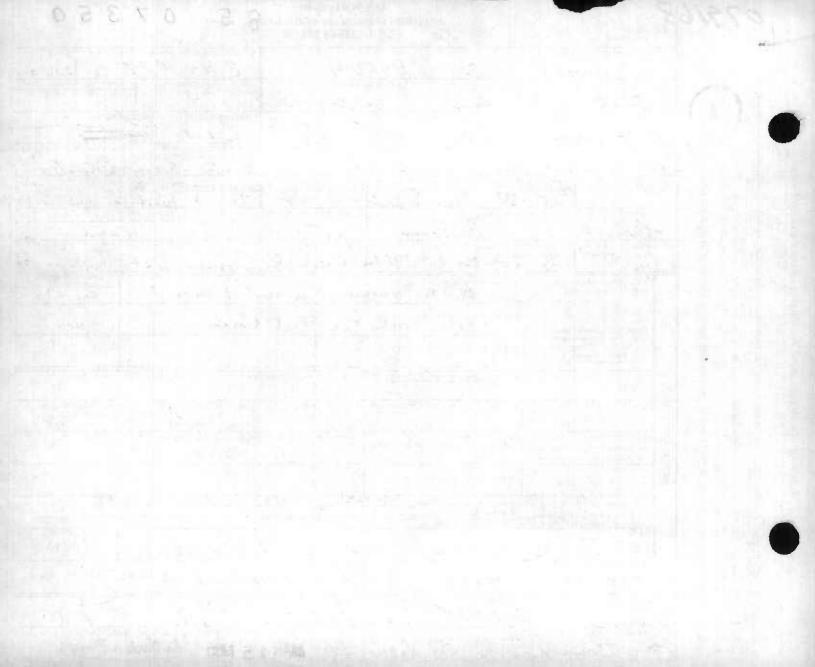
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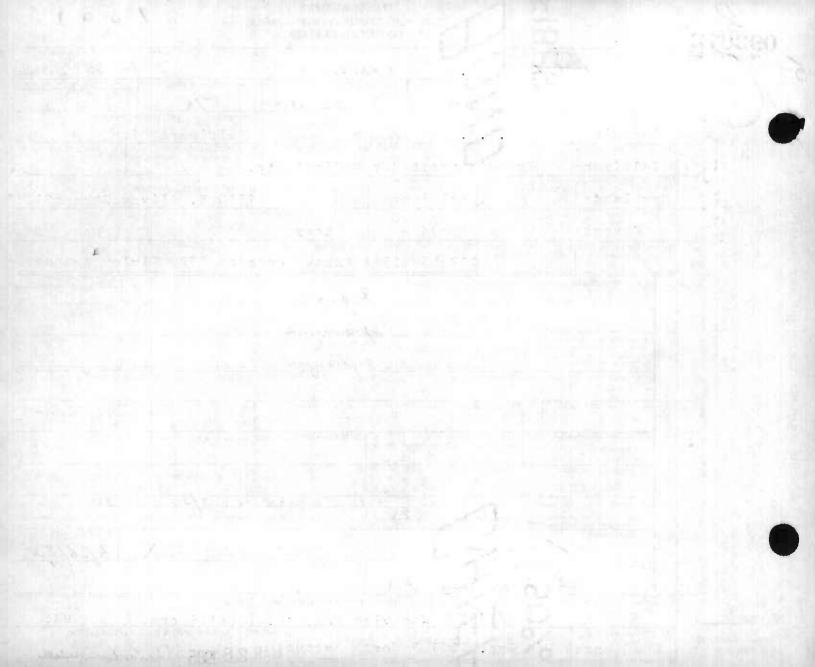
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07916	8	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	6 5 0 7 REG. NO.	350
1 75		CEASED NAME FIRST OR PRINT) JAMES	MIDDLE	BYRUM		25. HOUR
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A AND	Took	THPLACE (STATE OR FOREIGN DUNTRY) Also	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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es that the death certification of by the attending physic please remove corbon page in all crementals, or other traumotic events, it		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	, massin, hugrer inschartic hart	disease,	yes
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G PHYS) otherding or this ce ond Mer ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE.	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN phol or TOS. An for one o of Health			tal) attended the deceased from	and that in (my) (our) opinion	3, to March 1, 1 deoth accurred on the date and haur	9 8 , that (I) (we) last and from the causes stated
At OR A the hay At DIREC despiched one Dept		Huardo	am	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/11/ts
O FUNER O FUNER O FUNER O FUNER O FUNER O FUNER O FUNER O FUNER		1220. PHYSICIAN'S NAME (TYPE OF		4036 ANN	IAPOLIS NO, BA	LTIMORE, MI
BP	13u. 1	RIAL, CREMATION, REMOVAL	3-13-19F5 23c	wame of cemetery or crematory		COUNTY
DHMH - 16 50M 4/83 (VRA 15, 4)	X.	hit Comer v	In he Gal.	Callins St. MAH.	TE REC'D BY REGISTRAR 251 REGISTR	AR'S SIGNATURE





FOR

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCHENE

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10.70		-		- 2

1	STATE REGISTRAR	Jan XIIII	CERTIFICATE OF DEATH	REG. NO.				
	CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR			
	Zol	a Mae	Carolle	3 0	23 1985 1:10 A			
3. SE	Female	RACE (5. DATE OF BIRTH MONTH DAY YEAR 12 28 10	74 . YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
	rithplace (State or Foreign 7) rederick, Md.	b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County Baltimore Cit				
A B	ity or town of DEATH	1. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET,	ADDRESS) RESPITAL.	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY Homemaking			
	AL RESIDENCE (# 1997) COMPARE CONTROL (* 1997)		Yes NO Y	130. STREET ADDRESS / ZIP CODI	ay 21128.			
性のから	ATHER'S NAME FIRST M	HDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	1 AST			
274	Frank	Stone, Sr.	Mary	Frances	Blank			
other traumofic event, the me	No	y one couse per line for Id), (b), one BY. CAUSE (a) Tewer Due TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	erminal CHF	<u>e 8646 Winding W</u>	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH			
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	/EN IN PART Ita			
S shows any injust	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. ACCIDENT WAS UNDERLYING OR OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR						
rked or Item	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	ARM, ETC.) 21L LOCATION STREET	CITY OF TOWN	COUNTY STATE			
m 21 is mg	22a.1 certify that (1) (this haspite saw the deceased alive an_ abave, (1) (we) (did) (did not	3 23 19 8		death occurred an the date and have				
=	David J. P.	wheishores	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF	3 23 85			

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for with the State Dept. of MPORTANT: If he

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 3-26-85 24 FUNERAL DIRECTOR

7401 BelAIR BALTO, MO 21256

22e. ADDRESS

Dulaney Valley M. G. 23d. LOCATION CITY OR TOWN

Baltimore, Maryland

DIRECTOR PHYSICIAN

OF BROOKS

170.00

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AL I

3331 Brehms Lane, Balto., Md. 21213

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

Contractor

21201

NO

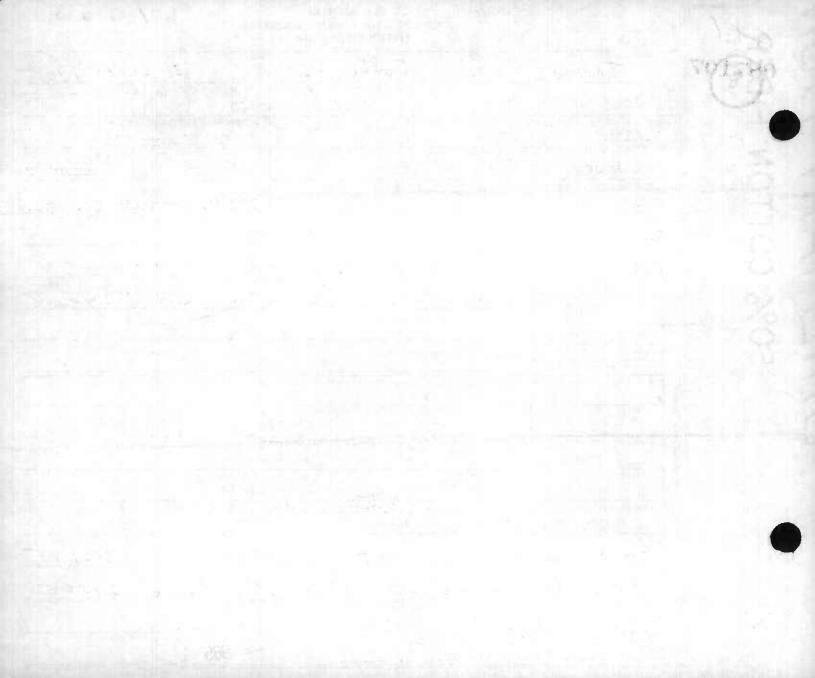
STATE

COUNTY

COUNTY

22c DATE SIGNED

IN UNDER 1 YEAR



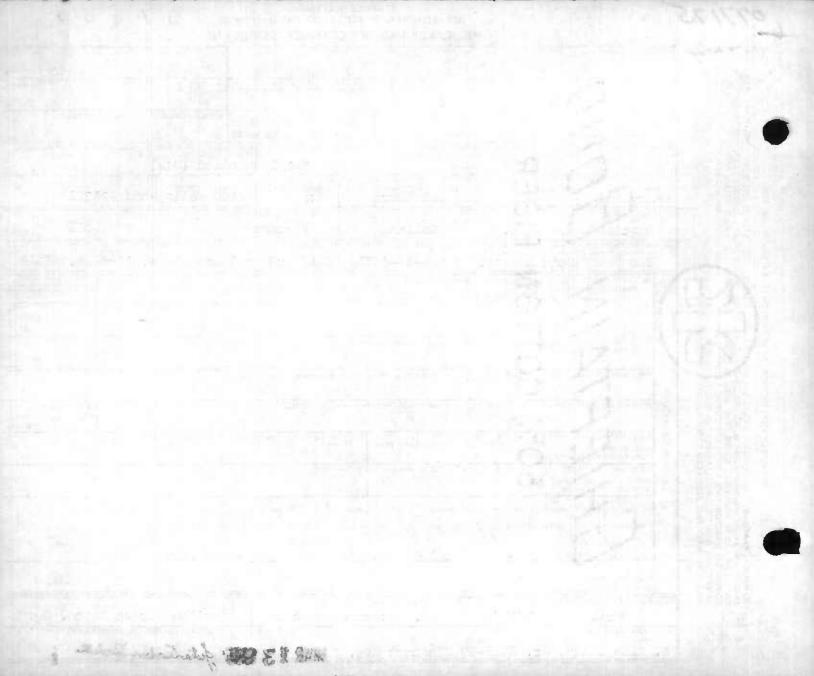
081223/	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 0 7	354
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certificate b ng physicio banpapers r remaval.			nly one couse per line for (o), (b), o ED BY: TE CAUSE (o) CANDID —	- Resp. Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce attending nave carb otion, or r		Conditions, if any, which	DUE TO, ORAS A CONSEQUENCE (6) Breast	Ca & hymphangit	ic Spread	
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TTEN portal TOR: for us		saw the discount of a bove, (I)	ottended the deceased from 3/5 PM 19 19 view the body after death.	5 , and that in (my) your) opinion	to 3/5/	, 19 <u>85</u> , that (I) (we) last
TAL OR A Ny the hos RAL DIREC detoched tote Dept.		THE SIGNED COME AND A		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/5/85
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store ImPRORTANT: If		Francis A	ORPRINT) A. CABAN	SINAI	HOSPITAL B	alt. Md.
BP		BURIAL, CREMATION, REMOVAL (SPECIEY) BURIAL	3/8/85 0	NAME OF CEMETERY OF CREMATORY HEB Shalom Mem.	PK-RELSTETSTOWN	BALTO MD
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME Brew Memoria	elF.H. 1100 He	Pikes VIIIe, MU 150 DA	77	STRAR'S SIGNATURE

Black and the water was the common to the common to the Part D. A. Le Orac

10	85050	1-	FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
9	B)	T. DE	REGISTRAR CEASED NAM E OR PRINT)		tanti		MIDDLE		Cai	LAST	AIEO	20.	DATE KNO	STI-	MONTH 3/	DAY YEAR 18/ 19/ 85	26. HOUR
	N. PLEAS DIRECTOR DUR FIGUR 72 HOUR NN STREET	3. SEX		4. RACE Black		TE OF BIRTH	YEAR 19	6. AGE (IN YEA LAST BIRTHDA 66 YR	RS IF UN	DER 1 YR.	IF UNDER	24 HRS. 2c.	DATE ONOUNCED DEAD	N	AONTH	18/85	10:4 P M
•	S FOR YOUNGERAL	₱s BI FO	RTHPLACE (S REIGN COUNTRY)		7b. CI	TIZEN OF WH		TRY?	8 MARRI WIDOW	ED NEV	ER MARRIE	ED X	Baltimori Baltir		COUNTY	Y OF DEATH	MD
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BALTIMORE, MD SCAPER DEATH GIVE PAGES 1, 2 VITH FORM, PM, 3 PAGES 1, RMD 2 VIVISION OFFUTA		100	Char]		H			ain Ial security	OIA	IS MOTHER E1	eanor		MIDDLE	J	Tohn	nson	
		(Y	NO OR UNKNO		GIVE WAR OR	DATES)	220.	-20-6			.,,	ain 4			ncre	est Rd.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	RECORDS, 201 W. PRESTON ST. D BE EXECUTED WITHIN 24 HOUPENDING" IN PENCIL INTERNIT MEDICAL EXAMINE ALONG YEAR ADDING THE PROPERTY AND MENTAL HOSENET AND MENTAL HOSENET CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	Conditio gove ri couse (o lying cou	ons, if any, w ise to immed) stating the un	hich liote der-	(c) Art	AS A CON	SEQUENCE C	DF DF				isease	9		BETWEEN ONSET	
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07/84 25M	BP	24 FI	Buri UNERAL DIREC	CTOR	3/2	23/85	M		burr	Cem		CITY OR	1 + imc	re	COUNT	MD	
	(VR A15 ME (5))	1	Vm. C.	Marc	11 F/1	1 110	, IL III	. 1101									

,01/1/0	7	FOR		1	PEPARTMENT OF	HEALTH	AND MENTAL!	HYGIENE	U	0 .3	O	
1000	11-	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICATE O	OF DEATH	REG. NO.			
(B) 2		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE		MONTH DA	Y YEAR	Zb. HOUF
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THE FULLED, VA IS NO.	ID C	ITY OR TOWN O	FDEATH		PITAL, NURSING HOM		IER INSTITUTION	120 USUAL OCCU			CIND OF BU OR INDUSTR	
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E, MD.	14. F	ATHER'S NAME		MIDDLE	LAST		IS MOTHER'S MAID	EN NAME	AIDDLE		_LAST	
DEATH PAND		Austin		В.	Callaha	n	Floren	ice		Do	111	
TIMOR TER DE FORM SES 1 AN		WAS DECEASED	EVER IN U.S. ARM		16h SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS			
JAS AFTER B. GIVE PA WITH FOR T. PAGES DIVISION	1	Yes		am Vet.	216-48-4	473	Clifford	Callahan	818 W.	33rd S	t. 21	211
URS AI URS AI B. GIV WITH T. PAC DIVIS		IB CAUSE OF	DEATH (Enter only	v one couse per line	for (a), (b), and (c).)						APPROXIMATE	INTERVAL
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W. PRESTON ST., D WITHIN 24 HOUR PENCIL IN ITEM 18, WINNER PONG W - TRANSIT PERMIT. ENTAL HYGIENE, D OR REMOVAL.		10 10 3	IMMEDIAT	CAOSE (O)	AS A CONSEQUENCE		,,					
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IN THE TO THE HOULE HOULE	¥	UNDERLYING	OR GIT CAUSE OF D		MONTH DAY YEA	AR						
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S CE SEE 3 CE SEE 3 CE SEE 3 CE SEE 3 CE SE	X	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	5	TREET	CITY OR TO	WN	COUNTY		STATE
DIVIS PR: THIS CER ATE, WRITIN ORWARDED RR: PAGE 32 FR: FATE DER	10	AT WORK	AT WORK		(hood only)							
NE SATE		22a. I certify	that I took charge	of the remains des	(head only)	Autop	sy XX, Inspection	on . Inquiry	. ond	n my opinion		
WE ENGLAND		death resulted	from Nature	ol couses XX	Accident . S	uicide 🔲	, Homicide .	Undetermined mi	onner .			
XXX ERTERT WIT WIT ARY		1	110	SL	(1)	1	TITLE (SPECIFY)					
H. H. H.		ACTUAL SIGNATURE	yuu	u 17	new 11 16	My IM	Assistan	MEDICAL EXAM	AINER	DATE SIGNED	3-7-85	5
C SEA STATE					11							13.4
A SHEET	-	EXAMINER'S N (TYPE OR PRINT	AME DE	ennis F. S	Smyth, M.D.	75 15	ADDRESS 111	Penn St.,	Balto.	, Md.	2120	1.
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P	23a. F		ON, REMOVAL 23	lb. DATE	23c. NAME OF CE	METERY O		23d LOCATION				
	1	SPECIFY) Buri	al	3/11/85			Cemetery	CITY OF TOWN	on Fore	st Bal	to. C	O.
07/84 BP	24 F	UNERAL DIRECT		_,,	1	32 3110		REC'D. BY REGISTRA			3/1	d.
DHMH - 17		NAME		ADDRESS			2000 May 200			30 00		- 1
(VR A15 ME (5))	A	. Alan S	eltz, Jr	. 3615-19	Chestnut	Ave.	21	quis	wheredow.	-boules	0	

STATE OF MARYLAND



1985

John C. Miller Inc. 6415 Belair Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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	1. DECEASED NA	DANE	MICHAEL	LA		20 DATE OF DEATH		20.1100K
9	3. SEX	DANE	4 RACE	5. DATE O	CAPSHAW	MAR. 30,	1985	LO:35AM
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133	BAL T		11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR
80	Md		other institution give residence berity or to	ORE ADMISSION	13d INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / 2813 Scar	zip CODE f f Road 2	1047
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100		SED EVER IN U.S. AR			17 INFORMANT		s 2813 Sc	
(YES, NO OR UNKNOWN)		(NOWN) (IF YES, GIV	E WAR OR DATES)		Hal C. Cap		llston,	Md. 2104
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hould be detached for use or the bound-fronts permit. Then pied the fee State Dept. of Health and Membil Friguene prior to burnol Popitani. It leasn 21 is marked or feem 18 shows any rigury, or the fee State of the state of th	190 DATE OF CONTRIBUTION OF CO	DE OPERATION A L NI WAS UNDERLYING CAUSE OF DEA NOTIFY MEDICAL EXAMINER Y OCCURRED NOT WHILE AT WORK Ty that (1) (this hospit he deceased live an.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE tol) attended the deceased from Mcr432 11 view the body offer death.	DAY YEAR 19 E. FARM ETC)	216 HOW INJURY OCCURRENT STREET 217 19 85 1 that in (aur) opinion of the company of the compan	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW A MEDICAL STAFI	20b. IF YES, WERE FININ CERTIFYING CAU YES IN ITEM 18 PART I OR PART IN COUNTY OUT 19 25 The and have and fram 22c. D. AN AN AN AN AN AN AN AN AN AN	STATE . that (1) (we) last the causes stated ATE SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

Gladden Kurtz

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(1)	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S O	7359
page 3		CEASED NAME FIRST JOSED	A.	CARBERRY	March 3-	9-85 139n
ge 4 may ector, pa	3. SE	MALE	BACH	January 1920	6. AGE (IN YEARS LAST BIRTHDAY)	MON'HS IA'S HOURS
death. Por funeral dir thin 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) ABGY AND	76 CITIZEN OF WHAT COUN	MARRIED MEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	MUTE:
by the filed with		Baltimore	Greater Se	m, Ave. N.C.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINES: INDUSTRY
filled in ould be	0	ALRESIDENCE (IF NURSING HOME OR STATE 13b. COUN	NTY 136 CITY OF	timere YES NO [130. STREET ADDRESS FA	mette st-21.
omplete	J	ames // /	Carbe	erry Indiana	Dorsey Car	berry
on and con and		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN! (IF YES, GIV	C	security no. 17. Informant 12-99 19 Anna Carb	erry/217 Atho	elgate In.
hat the deoth certificate by the ottending physic ass remove carbon pape it, cremation, or removal.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	1817)		/ MMFAIAT
w requires the committee of the committe	CERTIFICATION	PART 2 OTHER SIGNIFICANT (melleis	STO DEATH BUT NOT RELATED TO THE TERMINED TO T	200 AUTOPSY? 20b. IF	PEWALA: YES, WERE FINDINGS USED
N: The law sysicion. Icote hos b ronsit perm Hygiene pr Hygiene pr	ERTIFIC	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1217 HOW IN HURY OCCUI		YES NO NO
PHYSICIAN: tending phys this certifico he buriol-tro ind Mentol Hy ed or frem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19 1211 LOCATION	CITY OR TOWN	COUNTY STA
L OR ATTENDING the hospital or at DIRECTOR: After toched for use as to Dept. of Health of If them 21 is mark		220.1 certify that (I) (this hospi) ^	_19, ond that in (my) (our) opinion DEGREE	death occurred on the date and h	. 19 FT., that (I) (we nour and from the causes state 22t. DATE SIGNED 3-11-85°
O HOSPITAL O HOSPITAL TO FUNERAL Should be dete with the State APORTANT:		220 PHYSICIAN'S NAME (TYPE OF	Y. KHAN	1528 KING		BALTU, MA
BP		BURIAL, CREMATION, REMOVAL	2// -/	136. NAME OF CEMETERY OR CREMATORY New Catheral	23d LOCATION CITY OR TOWN Baltimore.	county stat
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	uneral direction W.Joi	NES, JR/4101	RESEdmondson Ave 250. DA	TE REC'D. BY REGISTRAR 166 REG	STRAR'S SIGNATURE

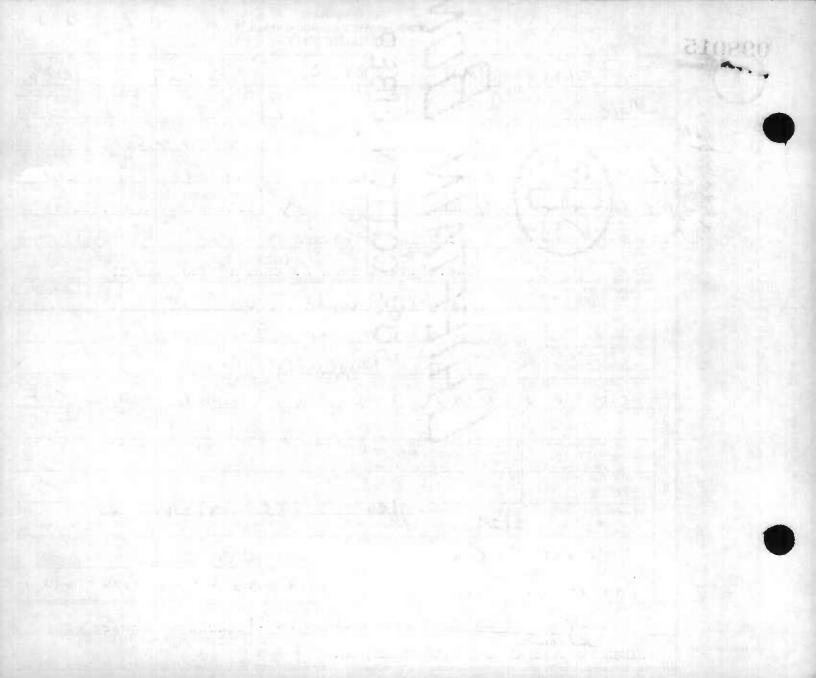
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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098015	['	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
(A)	1. DE	CEASED NAME FIRST SAM	NMN	CARDER	MARCH 29,1985?	S 10-PM		
$\mathbf{O}_{\mathbf{A}}$	3 SE		RACE	S. DATE OF BIRTH OCT.19, 1901 VEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS WONTHS YES.	YEAR IF UNDER 24 HRS. DATS HOURS MIN.		
4 11 16	1	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY U-S-A	7 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County of DEA	MD.		
4	10 C	Daltimase	(IF NOT IN SUCH EACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ER ADDRESS) TUSPITAL	(TYPE OF WORK OR MOST OF WORKING LIFE) INDI	IND OF BUSINESS OR STRY		
Of section	USU 130.	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVENESIDENCE BEFORE 134 CITY OR TO HANOV	WN 138. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1319 HANOVER RD.	THE PERSON WAS		
ompletel	A	THER'S NAME	MIDDLE LAST CARD	15 MOTHER'S MAIDEN NA FIRST AGNES	MIDDLE	ENBAUGH		
on ond co	(VAS DECEASED EVER IN U.S. ARI VES NO OR UNKNOWN) (IF YES GIV N/	E WAR OR DATES)	IW)	ARDER SAME AS 13			
physicio		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), o D BY: E CAUSE (o)		Failure BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH		
hot the deoth certi by the ottending is ose remove corbon il, cremotion, or rem		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ DUE TO, OR AS A CONSEQ (c) Parallel	Ventrica	lan Tachy and an infanction			
equires in signed Then ple injury, o	NO.	PART 2 OTHER SIGNIFICANT O	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	ainal distass or condition given in pr Diabetes Mellit	as, CHF		
1 1119	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO []		
SKCiaes, o physic certifican indi-tram ental tryo		?)a. ACCIDENT WAS UNDERLYING	TH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB PART I OR P.	ART 2)		
offer the burker of and M	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN COU	NTY STATE		
CTOR A		220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did no			death occurred on the date and hour and fro	, that (I) (we) lost om the couses stated		
AL OR I		Racfat	X. Girgs	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN (DATE SIGNED		
O FUNE Model be APORTA		Raafat >	Girais		nes Hosp. Bal	timble.		
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236 DATE 2,1985	NAME OF CEMETERY OR CREMATORY Meadowridge Mem	: Elkridge Howar	d MD		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F1	STNGLETON FUNE	RAL HOME GLÊNES	BURNIE, MD. AP	REC'D SO GISTRAR 256. REGISTRAR'S SI	GNATURE		



FOR	DEPARTMENT OF HEAL
STATE	CERTIFICA
REGISTRAR	CERTIFICA

STATE OF MARYLAND TE OF DEATH

	REGISTRAR	CEN	THICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE (OLMAN) C	ax/son	20. DATE OF DEATH M	ONTH DAY STEAR 26. HOUR
100	Em	. /y (NMN) C		7.7.64	
3. S		V		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS M
5 3	Female	HILLOC	ÎN 1896	88	YRS.
50 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RRIED NEVER MARRIED	9 BALTIMORE CITY OR	
No. of the last of	lew York		OWED DIVORCED	Baltimore	
led a	Baltimore	11. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	lical CENTER	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	working (IFE) INDUSTRY Domestic
130 M	STATE AND	Arundle 13t. CITY OR TOWN Crofton	YES NOXE		ZIP CODE 21113 Marlborough Ct.
mpletely and 2 sh	FATHER'S NAME FIRST Joseph	Bruna	15. MOTHER'S MAIDEN NAM FREST FRANCES	NE MIDDLE	Varna
0 160	WAS DECEASED EVER IN U.S. AR		O. 17 INFORMANT	24 ADDRES	Newcastle Ave.
physician and ph	(YES, NO OR UNKNOWN) (IF YES, GIV	130-38-4304	Edward Carlso	n Plain	view, New York
it Then please ria to the please ria to burial, cre in injury, ar athe		DUE TO, OR AS A CONSEQUENCE O (c) CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART To
core has been signal ansi permit. The Hygiene priar ta the site of	178 DATE OF GPERATION			YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
		HOUR A.M. MONTH DAY YE	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
s the	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC		CITY OR TOW	N COUNTY STATE
RAL DRECTOR: At detached far use a total Dept. of Health	abave, (I) (we) (did) (did no	Modngry	DEGREE ATTENDING PHYSICIAN	eath occurred on the dat MEDICAL STAFF	19.50, that (1) (we) to and hour and from the causes stated and hour and from the causes stated and the state of the state
should be deta with the State IMPORTANT: II	JORGE Je	RODRIGUEZ	 	VERSITY OF	Mo Hospital
230		23b. DATE 23c. NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	
	BURIAL, CREMATION, REMOVAL			CITY OR TOWN	COUNTY STATE
			us Hill Cemetery	Brooklyn	

.Te ill dotto i illi etc. Mark and the state of the state of